

Health, Welfare, Public Service

FILED FEB 13 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5687-58

95

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 35-

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mexico</u>		c. CITY OR TOWN <u>Wellsville</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Audrain Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>R. F. D. 2</u>	
Length of stay in lb <u>2 days</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Patricia</u> Middle <u>Mayree</u> Last <u>Ruebling</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>3</u> Year <u>1958</u>			
--	--	--	---	--	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 1, 1958</u>	9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>2</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
-------------------------	----------------------------------	---	---	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Mexico, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	--	---	--

13a. FATHER'S NAME <u>John Harold Ruebling</u>	13b. MOTHER'S MAIDEN NAME <u>Mayree Hunt</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
---	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year of date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Mr. J. Harold Ruebling</u>	Address <u>RFD. 2 Wellsville, Mo.</u>
--	--	--	---------------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Subarachnoid Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>3 days</u> <u>3 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Cerebral Edema</u>	
	DUE TO (c) <u>Pulmonary Edema - Terminal</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Occiput posterior low forceps. 7600</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) <u>none</u>
---	--

20c. TIME OF INJURY Hour <u>none</u> a.m. <u></u> p.m. <u></u>	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	20f. CITY, TOWN, OR LOCATION <u>Wellsville</u>	COUNTY <u>Montgomery</u>	STATE <u>Missouri</u>
---	--	---	---	--------------------------	-----------------------

21. I attended the deceased from Death occurred at <u>11 25 p.m.</u> on <u>2/1/58</u> to <u>2/3/58</u> and last saw her alive on <u>2/3/58</u> on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE <u>Thomas E. Dwyer, M.D.</u>	(Degree or title) <u>MD</u>	22b. ADDRESS <u>Mexico, Mo</u>	22c. DATE SIGNED <u>2/4/58</u>
--	-----------------------------	-----------------------------------	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-5-1958</u>	23c. NAME OF CEMETERY OR CREMATORIUM <u>Catholic</u>	23d. LOCATION (City, town, or county) (State) <u>Wellsville, Missouri</u>
--	------------------------------	---	--

24. FUNERAL DIRECTOR <u>Arnold Funeral Home</u>	ADDRESS <u>Mexico, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Feb. 4-1958</u>	26. REGISTRAR'S SIGNATURE <u>Blanche Neely</u>
--	-------------------------------	--	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed  .....

Licensed Embalmer No. 4492 .....

P. O. Address. Mexico .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.