Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 2 1958

58-010521
STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 5627 Registrar's No. 53

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Franklin Twsp. Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Oakland Star Rt Length of stay in 1b Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Laclede
c. CITY OR TOWN Rural 0530 Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) Oakland Star Rt Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last Henry Jasper Ruble

4. DATE OF DEATH Month Day Year March 15 1958

5. SEX M 0

6. COLOR OR RACE White MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ 2 DIVORCED ☐

8. DATE OF BIRTH May 6 1866

9. AGE (In years last birthday) 91 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Laclede Co. Mo 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Boss Ruble

13b. MOTHER'S MAIDEN NAME Eliza Laxton

14. NAME OF HUSBAND OR WIFE Mary C.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Mrs. Aud Hough Address Oakland Rt.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebrovascular accident
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis
DUE TO (c) Senility 331X
INTERVAL BETWEEN ONSET AND DEATH One year

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE None

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 2

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2/4/53, to 3/15/58 and last saw her/him alive on 3/15/58
Death occurred at 7:P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) George E. Fisher M.D.O

22b. ADDRESS Lebanon, Mo

22c. DATE SIGNED 3/22/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 3/17/58

23c. NAME OF CEMETERY OR CREMATORY Hough Chapel Cemetery

23d. LOCATION (City, town, or county) (State) Laclede Co. Mo.

24. FUNERAL DIRECTOR ADDRESS Holman Lebanon, Mo.

25. DATE RECD. BY LOCAL REG. 3-22-1958

26. REGISTRAR'S SIGNATURE Wella L. Day

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Received MAR 31 1958
Laclede County Health Unit
File No. 53
Date Filed MAR 31 1958

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 Dorsey M. Howe
Licensed Embalmer No. 4222
P. O. Address Lebanon,

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.