

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038894  
State File No. ....

FILED DEC 9 1958

REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 539

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Columbia</b>		c. LENGTH OF STAY (in this place) <b>11 days</b>	c. CITY OR TOWN <b>Blackwater</b> <span style="float:right">6-27/0</span>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Boone County Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <b>2 miles North</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b>	b. (Middle) <b>H.</b>	c. (Last) <b>Rucker</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>12 4 1958</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Feb. 26, 1871</b>
9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>retired</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Blackwater, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Charles T. Rucker</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Poindexter</b>	14. NAME OF HUSBAND OR WIFE <b>Lulu Rucker</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Miss Ruth Rucker Marshall, Mo.</b>	
MEDICAL CERTIFICATION			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ARTERIOSCLEROTIC HEART Dis.</b>	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>GENERALIZED ARTERIOSCLEROSIS</b>	
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>ALOTEMIA DUE TO BENIGN PROSTATIC HYPERPLASIA</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4200</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>11-24</b> , 19 <b>58</b> , to <b>12-4</b> , 19 <b>58</b> , that I last saw the deceased alive on <b>12-4</b> , 19 <b>58</b> , and that death occurred at <b>1:00 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE OF REGISTRAR <b>[Signature]</b>		23b. ADDRESS <b>22 N 8th Columbia, Mo</b>	23c. DATE SIGNED <b>12-4-58</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 6, 1958</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lamine Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Blackwater, Mo.</b>
DATE REC'D BY LOCAL REG. <b>Dec 4 1958</b>		REGISTRAR'S SIGNATURE <b>Mrs R E Palmer</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Lyman Sprinkle Columbia, Mo.</b>

DEC 18 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 *Lynant Spunkle* .....

Licensed Embalmer No. *401* .....

P. O. Address *Calumet* .....

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.