

FILED NOV 26 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040551

STATE FILE NUMBER

83411-28

Registration District No. 170

Primary Registration District No. 3033

Registrar's No. 168

S. 300  
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Laclede</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Laclede</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <b>Lebanon</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Lebanon</b> <b>0532</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Wallace Hospital</b>		Length of stay in lb <b>25 min.</b>	d. STREET ADDRESS (If outside, give location) <b>165 E. 6th Street</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Loujean</b> Middle <b>Ruble</b> Last <b>Ruble</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>13,</b> Year <b>1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 13, 1958</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <b>0</b> Days <b>0</b> IF UNDER 24 HRS.: Hours <b>0</b> Mins <b>25</b>
11. BIRTHPLACE (City and state or country) <b>Lebanon, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>United States</b>	
13a. FATHER'S NAME <b>Gene L. Ruble</b>		13b. MOTHER'S MAIDEN NAME <b>Lela May Tieman</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>		17. INFORMANT Address <b>165 E. 6th Street</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. <b>None</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bladder, Bowel and Genital Dystrophy</b>			INTERVAL BETWEEN ONSET AND DEATH <b>25 min</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>7730</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
20a. ACCIDENT <input checked="" 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Lebanon</b>	
		20f. CITY, TOWN, OR LOCATION <b>Laclede</b> COUNTY <b>Missouri</b> STATE <b>Missouri</b>	
21. I attended the deceased from _____, to _____ and last saw her/him alive on <b>Nov. 13, 1958</b> Death occurred at <b>Wallace Hospital</b> <b>8:35 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Paul A. Jenkins MD</i>		22b. ADDRESS <b>Lebanon, Missouri</b>	
		22c. DATE SIGNED <b>Nov. 18, 1958</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11/14/58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Hufft Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Laclede Co. Missouri</b>	
24. FULL NAME OF EMBALMER <b>S.R. Palmer</b>		25. DATE RECD. BY LOCAL REG. <b>11-18-1958</b>	
ADDRESS <b>Lebanon Missouri</b>		26. REGISTRAR'S SIGNATURE <i>Walter L. Hays</i>	

Date Filed NOV 24 1936

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 .....

*Not embalmed*

Licensed Embalmer No. ....

P. O. Address .....

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.