

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044710

STATE FILE NUMBER

FILED DEC 22 1958

Registration District No. 166

Primary Registration District No. 4254

Registrar's No. 26

5. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Knob Noster</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Knob Noster</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence, Knob Noster</u>		Length of stay in lb <u>80 years</u>		d. STREET ADDRESS (If outside, give location) <u>Knob Noster,</u>		
3. NAME OF DECEASED (Type or print) First <u>MATILDA</u> Middle <u>MARIA</u> Last <u>RUCKER</u>			4. DATE OF DEATH Month <u>December</u> Day <u>14</u> Year <u>1958</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 5, 1875</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and state or country) <u>Pettis County, Missouri</u>		
13a. FATHER'S NAME <u>Benjamin Franklin</u>		13b. MOTHER'S MAIDEN NAME <u>Rachel Walls</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas Rucker (Deceased)</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Mrs. Corine Calvert, Knob Noster, Missouri</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>Uremia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Hypertension</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>444X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u> <u>indef.</u> <u>15 years</u>	
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.)				
20c. TIME OF INJURY Hour a.m. p.m.						
20d. INJURY OCCURRED WHILE AT <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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <u>Nov. 10, 1958</u> to <u>December 14-58</u> and last saw her alive on <u>December 14, 1958</u> Death occurred at <u>5:15 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>H. L. Kirk D.O.</u>			22b. ADDRESS <u>Knob Noster, Missouri</u>		22c. DATE SIGNED <u>12-15-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-16-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Knob Noster Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Knob Noster, Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>R.A. Brauninger, Warrensburg, Missouri</u>			25. DATE RECD. BY LOCAL REG. <u>12-15-58</u>	26. REGISTRAR'S SIGNATURE <u>Erma L. Beatty</u>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. All diseases in Part I must be causally related.
2. 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 *Robert T. McDonald*

Licensed Embalmer No. *4825*

P. O. Address *Wrensburg*

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.