

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006396

STATE FILE NUMBER

FILED FEB 18 1959 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 36

S. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Marion			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Loving Hosp.		Length of stay in lb 1 hr	d. STREET ADDRESS (If outside, give location) 1003 Spruce St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last EUGENE W. QUICK BROWN			4. DATE OF DEATH Month Day Year Feb. 5, 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 4, 1906		9. AGE (In years last birthday) 62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Smith		10b. KIND OF BUSINESS OR INDUSTRY Law Enforcement	11. BIRTHPLACE (City and state or country) Hannibal, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Joseph J. Ruoff		13b. MOTHER'S MAIDEN NAME Kathleen Cain		14. NAME OF HUSBAND OR WIFE Anna Victoria Ruoff	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or No, if known) (If yes, give branch of service) Yes		16. SOCIAL SECURITY NO. A-111-111		17. INFORMANT Address Hannibal, Mo. Mrs. Anna Ruoff, 1003 Spruce St.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Diabetes Mellitus DUE TO (c) Carcinoma Colon 1538 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Severe anemia - Operation Resection Colon					INTERVAL BETWEEN ONSET AND DEATH 20 minutes ? ? 1 year
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year 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 1-20-59 and last saw him alive on 2-5-59 Death occurred at 11:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) J. A. Kelly M.D.		22b. ADDRESS Hannibal Mo		22c. DATE SIGNED 2-7-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) 1		23b. DATE 2-9-59	23c. NAME OF CEMETERY OR CREMATORY Green View Burial Pl.		23d. LOCATION (City, town, or county) (Specify) Hannibal, Mo.
24. FUNERAL DIRECTOR Jack Lehman - Hannibal, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG. 2-10-1959	26. REGISTRAR'S SIGNATURE Dr. E. M. Luckely & C. Fisher

DATE FILED
FEB 17 1968

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 *Jack Schwartz*

Licensed Embalmer No. *4900*

P. O. Address *Hornital*

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.