

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041189

FILED VS NOV 30 1959

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 133

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Perry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Perry									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Perryville		Length of stay in 1b Life		c. CITY OR TOWN Perryville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION P.C.Mem Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 310 N. Smith		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Julius Middle M Last Ruch				4. DATE OF DEATH Month November Day 18 Year 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 8-17-1911		9. AGE (last birthday) 48		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory worker			10b. KIND OF BUSINESS OR INDUSTRY Panel Company		11. BIRTHPLACE (City and state or country) Perry County, Mo.			12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Isadore Ruch				13b. MOTHER'S MAIDEN NAME Albertine Schenel				14. NAME OF HUSBAND OR WIFE Zita Boxdorfer					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 492-01-8213		17. INFORMANT Isadore Ruch Address Zita Ruch Perryville, Mo.								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hepatic failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cirrhosis and probable cancer of liver DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown										INTERVAL BETWEEN ONSET AND DEATH			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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.		Month, Day, Year		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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from March, 1959 to Nov. 18, 59 and last saw ^{him} alive on Nov. 18, 1959 Death occurred at 10:15 A on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE A. E. McDermott, MD. (Degree or title)						22b. ADDRESS Perryville, Mo.				22c. DATE SIGNED 11/19/59 (State)			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-21-1959		23c. NAME OF CEMETERY OR CREMATORY Inmanuel Lutheran Cem.				23d. LOCATION (City, town, or county) Perryville Missouri					
24. FUNERAL DIRECTOR Young & Sons ADDRESS Perryville, Mo.				25. DATE RECD. BY LOCAL REG. 11-19-59		26. REGISTRAR'S SIGNATURE Joe J. Zollner							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____, Student Embalmer No. _____

or by _____, Student Embalmer No. _____

working under my personal supervision.
Student _____
Signature of Student Embalmer

Signed Wallace Young

Licensed Embalmer No. 7029

P. O. Address Perryville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.