

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-024053

FILED VS JUN 30 1960

274

218

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

INDEXED

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Pettis	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Elk Fork Township		Length of stay in 1b	c. CITY OR TOWN Green Ridge Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 mi. S. of LaMonte		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 9 Mi. S.W. of Green R. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ERI Middle CALVERT Last RUFFIN			4. DATE OF DEATH Month June Day 19 Year 1960			
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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 5-1-1892	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Near Green Ridge, Mo.	11. BIRTHPLACE (City and state or country) Pettis U.S.A.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME John H. Ruffin	13b. MOTHER'S MAIDEN NAME Rosie Calvert	14. NAME OF HUSBAND OR WIFE Susie Margaret Ruffin
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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. 490-42-9134	17. INFORMANT Mrs. Calvert Ruffin	Address Green Ridge Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Circulatory Collapse		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	Coronary Occlusion	
	DUE TO (c)	Coronary Arteriosclerosis	Instant
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

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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year
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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 Windsor, Mo.	COUNTY Mo.	STATE
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21. I attended the deceased from **Apr. 1957** to **19 June 1960** and last saw him alive on **18 June 1960**
Death occurred at **4:30 P.M.** on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE <i>William J. Smith M.D.</i>	(Degree or title)	22b. ADDRESS Windsor, Mo.	22c. DATE SIGNED 6/20/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-21-1960	23c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cemetery	23d. LOCATION (City, town, or county) Windsor, Mo.
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24. FUNERAL DIRECTOR Clifford Gouge	ADDRESS Windsor, Mo.	25. DATE RECD. BY LOCAL REG. 6/20/1960	26. REGISTRAR'S SIGNATURE <i>Frances Sheeby</i>
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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
or by Clifford Gouge, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clifford Gouge
Licensed Embalmer No. 5014
P. O. Address Windsor, Tn

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.