URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-027917

STATE FILE NUMBER

FILED VS JUL 22 1960

ENDED

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 101

1. PLACE OF DEATH
a. COUNTY Pulaski
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Crocker
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pulaski
c. CITY OR TOWN Waynesville
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Chester Middle Monroe Last Ruckman

4. DATE OF DEATH Month July Day 13 Year 1960

5. SEX Male

6. COLOR OR RACE white

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH 5/22/1920

9. AGE (last birthday) 40

IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) disabled Vet

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Chesapeak Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME George m. Ruckman

13b. MOTHER'S MAIDEN NAME Nettie Childers

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W.II

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. Mary Dodd Address St. James, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 10 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Acute Alcoholism

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 on 7/13/60 to _____ and last saw her/him alive on _____

Death occurred at 9:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B Medger (Degree or title) County Coroner

22b. ADDRESS Richland Mo

22c. DATE SIGNED 7/15/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 7/16/1960

23c. NAME OF CEMETERY OR CREMATORY Hooker

23d. LOCATION (City, town, or county) (State) Hooker, Mo.

24. FUNERAL DIRECTOR Hedges Funeral Homes Crocker, Mo. ADDRESS Richland Mo

25. DATE RECD. BY LOCAL REG. 7-15-60

26. REGISTRAR'S SIGNATURE Eulamae Anderson

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

JUL 28 1960

AUG 9 1960

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Maurice Moss

Signature of Student Embalmer

Licensed Embalmer No. 4896

P. O. Address Waynesville, N

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