OURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED MAR 24 1961

-61-012398
STATE FILE NUMBER

AMENDED

Registration District No. 374 Primary Registration District No. 4547 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY Worth County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Grant City — Length of stay in 1b: 5 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bound Street — Inside Limits: Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print): First Cecil Middle Albert Last Ruckman

4. DATE OF DEATH: Month March Day 8 Year 1960

5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: ~~March 8 1960~~ Feb 15 1907
9. AGE (last birthday): 54
IF UNDER 1 YEAR: Months – Days 23 IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): trucker
10b. KIND OF BUSINESS OR INDUSTRY: trucker
11. BIRTHPLACE (City and state or country): Worth County
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: David Elwood Ruckman
13b. MOTHER'S MAIDEN NAME: Dora Bell Endsley
14. NAME OF HUSBAND OR WIFE: Emil Ruckman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): World war 2

17. INFORMANT: Mrs Emil Ruckman Address: Grant City Missouri

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) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 10min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Artery disease — 1month
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 2-2-61, to 3-8-61 and last saw her/him alive on 3-6-61
Death occurred at 1:30a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Frank B Matteson M D
22b. ADDRESS: Grant City Mo
22c. DATE SIGNED: 3-9-61

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: March-9-1960
23c. NAME OF CEMETERY OR CREMATORY: Kirk Cemetery
23d. LOCATION (City, town, or county) (State): Allendale Missouri

24. FUNERAL DIRECTOR: John Andrews
ADDRESS: Grant City Missouri
25. DATE RECD. BY LOCAL REG.: March 21. 1961
26. REGISTRAR'S SIGNATURE: Lota E. Dawson

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MAY 11 1961

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 John Andrews, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John Andrews

Licensed Embalmer No. 4211

P. O. Address Grant City

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.