

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-003254

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 397 Primary Registration District No. _____ Registrar's No. 132

STATE FILE NUMBER

TE 18
AMENDED
DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
SHOULD READ
ITEM NO.
BY AFFIDAVIT OF

FILED FEB 1 1962	
1. PLACE OF DEATH	
a. COUNTY Reynolds	b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Centerville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Delivery	Length of stay in 1b 35 yrs
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. STATE Missouri	b. COUNTY Reynolds
c. CITY OR TOWN Centerville	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS General Delivery	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)	
First WALTER	Middle RUBLE
4. DATE OF DEATH	
Month January	Day 22
Year 1962	
5. SEX Male	6. COLOR OR RACE Cauc
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 17Jan1880
9. AGE (last birthday)	IF UNDER 1 YEAR Months 3
	IF UNDER 24 HR. Days 3
	Hours 3
	Min. 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saw Mill Operator	10b. KIND OF BUSINESS OR INDUSTRY Saw Mill
11. BIRTHPLACE (City and state or country) Vulcan, Missouri	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Andy Ruble	13b. MOTHER'S MAIDEN NAME Kizzy Lewis
14. NAME OF HUSBAND OR WIFE Emma Lotz Ruble	
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. none
17. INFORMANT Emma Ruble Centerville, Missouri	
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 Occlusion	
DUE TO (b) Coronary Heart Disease	
DUE TO (c) Hypertension	
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.)	
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 12-27-61 to 1-22-62 and last saw him alive on 1-22-62 Death occurred at 11:00 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>R. E. Harland m. d.</i>	22b. ADDRESS Ironton, Missouri
22c. DATE SIGNED 1-24-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 25 Jan 1962
23c. NAME OF CEMETERY OR CREMATORY Annapolis Cemetery	23d. LOCATION (City, town, or county) Annapolis, Missouri
24. FUNERAL DIRECTOR <i>Acme White</i>	25. DATE RECD. BY LOCAL REG. JAN 26 1962
26. REGISTRAR'S SIGNATURE <i>Elma Jarrod</i>	

FEB 8 1962

FEB 1 1962

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 Arnell J. White

Licensed Embalmer No. 3012

P. O. Address Ironton, Missouri

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.