

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018139

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 552

STATE FILE NUMBER

VS 300
Rev. 4/59

1 5117

2 5117

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4 1

5 2

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7 1

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9 331X

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12 2-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

D. Stallard, M.D. Medical Certification

FILED MAY 21 1962

1. PLACE OF DEATH
a. COUNTY **Buchanan**
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Joseph, Missouri** Length of stay in 1b **since 1922**
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Missouri Methodist Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Buchanan**
c. CITY OR TOWN **St. Joseph, Missouri** Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) **2224 Agency Road** Reside on Farm Yes No

3. NAME OF DECEASED First **ALMA** Middle **L.** Last **RUHNKE** 4. DATE OF DEATH Month **May** Day **12** Year **1962**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **Oct. 9, 1885** 9. AGE (last birthday) **76** 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) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **At Home** 11. BIRTHPLACE (City and state or country) **Troy, Kansas** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Frank Loroff** 13b. MOTHER'S MAIDEN NAME **Lena Kesselhute** 14. NAME OF HUSBAND OR WIFE **Henry E. Ruhnke**

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. [] 17. INFORMANT **Son** Address **Mr. Louis H. Ruhnke - St. Joseph, Missouri**

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Cerebrovascular accident with left hemiplegia** INTERVAL BETWEEN ONSET AND DEATH **6 hrs.**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **left hemiplegia**
DUE TO (c) []
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Tumor of cecum; died 5 days postoperatively** 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 Month, Day, Year a.m. p.m. []

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 **5/6/62** to **5/12/62** and last saw her alive on **5/11/62**
Death occurred at **6:12 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Donald Stallard, M.D.** 22b. ADDRESS **902 E. Diamond** 22c. DATE SIGNED (State) **5/15/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **May 16, 1962** 23c. NAME OF CEMETERY OR CREMATORY **Christ Lutheran Cemetery, Wathena, Kansas** 23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR ADDRESS **Meierhoffer-Fleeman Inc., St. Joseph, Mo.** 25. DATE RECD. BY LOCAL REG. **May 16, 1962** 26. REGISTRAR'S SIGNATURE **Mrs. Clark Goodell**

USE BLACK INK OR TYPEWRITER RIBBON

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 *Eric J. Cherry*

Licensed Embalmer No. 4629

P. O. Address 51 1/2 1st St. N.W.

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.