

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026200

FILED VS AUG 1 1960

Registration District No. 64 Primary Registration District No. 4110 Registrar's No. 32

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Chariton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Chariton				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salisbury		Length of stay in 1b 20 yrs		c. CITY OR TOWN Salisbury		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 411 So. LeFevre			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 411 So. LeFevre		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Minnie Elizabeth Rucker				4. DATE OF DEATH Month July Day 25 Year 1960				
5. SEX Female	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 1/24/1875	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (City and state or country) Salisbury, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William P. Eastin			13b. MOTHER'S MAIDEN NAME Sarah Frances Lusher			14. NAME OF HUSBAND OR WIFE Ambrose Socrates Rucker		
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 Mr. John D. Dorrill, Salisbury, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive cerebral hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) hypertension DUE TO (c) arterio sclerosis						INTERVAL BETWEEN ONSET AND DEATH hours years years		
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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 July 24, 1960 to July 25, 1960 and last saw her alive on July 25, 1960 Death occurred at Home 1:15 P on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE C. F. Eichhorn D.O. (Degree or title)				22b. ADDRESS 119 West Salisbury Mo		22c. DATE SIGNED 7-26-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 7/27/60	23c. NAME OF CEMETERY OR CREMATORY Salisbury City Cemetery		23d. LOCATION (City, town, or county) Salisbury, Mo.		(State)	
24. FUNERAL DIRECTOR Chas. B. Winkelmeier, Salisbury, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. 7-26-60		26. REGISTRAR'S SIGNATURE JW Hawkins		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS SEP 26 1960

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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Chas. B. Winkler

Licensed Embalmer No. 3842

P. O. Address Salisbury

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.