

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000292

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 90

FILED FEB 11 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

6-9-64

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

Mary Elizabeth Rucker

SHOULD READ

Minnie Elizabeth Rucker

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF Daughter

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Length of stay in 1b <u>8 Days</u>	c. CITY OR TOWN <u>Salisbury</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Boone County Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>212 E. Third St.</u>
3. NAME OF DECEASED (Type or print) <u>AMBROSE S. RUCKER</u>			4. DATE OF DEATH Month <u>February</u> Day <u>8</u> Year <u>1963</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-12-1872</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Banker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Banking</u>	9. AGE (last birthday) <u>90</u>
13a. FATHER'S NAME <u>Joseph E. Rucker</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Frances Robertson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-10-7832</u>	17. INFORMANT <u>Hospital Records, Columbia, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchopneumonia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>
Conditions, if any, which gave rise to above cause (a), starting the underlying cause, last. DUE TO (b) <u>Lat tubercle to lungs</u>			<u>9 days</u>
DUE TO (c) <u>Fracture of femur</u>			<u>9 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>Arteriosclerotic heart disease</u>			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 checked="" 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.) <u>Fall in home</u>	
20c. TIME OF INJURY Hour <u>3</u> a.m. <u>31 Jan 63</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION <u>Salisbury Chariton</u>	COUNTY <u>Mo.</u>
21. I attended the deceased from <u>31 Jan 63</u> to <u>8 Feb 63</u> and last saw him alive on <u>8 Feb 63</u> Death occurred at <u>3:45 PM</u> m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Roland P. Taderson MD</u> (Degree, or title)		22b. ADDRESS <u>16 S. 10th Columbia, Mo</u>	22c. DATE SIGNED <u>8 Feb 63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>2-8-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Salisbury City Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Salisbury, Missouri</u>
24. FUNERAL DIRECTOR <u>Winkelmeyer Funeral Home, Salisbury, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Feb 8 1963</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>

FEB 20 1963

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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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. W. Phillips  
Licensed Embalmer No. 4897

P. O. Address Columbia, Mo

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.