No. 300
10-48

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 17 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9609

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 6010 Registrar's No. 55

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) (Rural.) Sugar Creek
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) /

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri b. COUNTY Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sugar Creek. Twshp
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Frank c. (Last) Rucker

4. DATE OF DEATH (Month) March (Day) 5th (Year) 1949

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Single **8. DATE OF BIRTH** Oct. 28th 1883 **9. AGE** (In years last birthday) 65 IF UNDER 1 YEAR Months 4 Days 7 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer **10b. KIND OF BUSINESS OR INDUSTRY** **11. BIRTHPLACE** (State or foreign country) Mo **12. CITIZEN OF WHAT COUNTRY?** U Sa

13a. FATHER'S NAME John F. Rucker **13b. MOTHER'S MAIDEN NAME** Minnie Coates **14. NAME OF HUSBAND OR WIFE** ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓ **16. SOCIAL SECURITY NO.** ✓ **17. INFORMANT'S SIGNATURE OR NAME** Tunce Rucker ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cononary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 da

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) Myocarditis ch — 1 yr

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 4222

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) **21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* June 1, 1948, *to* March 5, 1949, *that I last saw the deceased alive on* March 4, 1949, *and that death occurred at* 315 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) H C Griffiths MD **23b. ADDRESS** Moberly Mo **23c. DATE SIGNED** 3-6-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** 3-7th 49 **24c. NAME OF CEMETERY OR CREMATORY** Oakland **24d. LOCATION** (City, town, or county) Moberly (State) Mo

DATE REC'D BY LOCAL REG. 3-7-49 **REGISTRAR'S SIGNATURE** Leah Williams Louie 264 **25. FUNERAL DIRECTOR'S SIGNATURE** Mahan and Son. **ADDRESS** Moberly, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 3·49-
Date Filed MAR 16 1949

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 _____
Student Embalmer

Signed Frank D. Wett

Licensed Embalmer No. 3021

P. O. Address Moberly 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 this body is not embalmed, fact should be so stated above.