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FILED JUL 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22554

State File No.

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4044 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>BOONE Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BOONE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>STURGEON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>STURGEON</u>	
c. LENGTH OF STAY (in this place) <u>ALL OF LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>home 1</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>EDWARD</u>	b. (Middle) <u>LESLIE</u>	c. (Last) <u>RUCKER</u>	<u>July 11 - 1949</u>		

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Dec. 9 - 1875</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>2</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED MERCHANT</u>	11. BIRTHPLACE (State or foreign country) <u>Cudrion Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Ro. D. Rucker</u>	13b. MOTHER'S MAIDEN NAME <u>Lula B. Dusenbury</u>	14. NAME OF HUSBAND OR WIFE <u>EFFA RUCKER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Effa M. Rucker</u>	ADDRESS <u>STURGEON-MO.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Purpura Pneumonia</u>		<u>3 da</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Hemiplegia Right</u>		<u>7 da</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>49ix</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 5, 1949, to July 11, 1949, that I last saw the deceased alive on July 11, 1949, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>ARM. G. ...</u>	(Degree or title)	23b. ADDRESS <u>Sturgeon Mo</u>	23c. DATE SIGNED <u>July 8 - 49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JULY 13 - 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. PISGAH</u>	24d. LOCATION (City, town, or county) (State) <u>HMI NORTH STURGEON MO.</u>
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DATE REC'D BY LOCAL REG. <u>July 14/1949</u>	REGISTRAR'S SIGNATURE <u>Maud McBride</u>	30	25. FUNERAL DIRECTOR'S SIGNATURE <u>Barnes Booth Sturgeon Mo.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

District File Number

District Health Officer No. 9

RECEIVED JUL 19 1949

AUG 28 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.

Signed *Carl Boothe*

Signed Student Embalmer

Licensed Embalmer No. 4087

P. O. Address *Sturgeon - 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.