

FILED FEB 27 1950 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 4540

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 146

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (in this place) 40 years	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		d. STREET ADDRESS (If rural, give location) 2009 Boonville Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2009 Boonville Avenue			

3. NAME OF DECEASED (Type or Print) MINNIE	a. (First)	b. (Middle)	c. (Last) RUYLE	4. DATE OF DEATH (Month) (Day) (Year) Feb. 18, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 1 Sept. 1876	9. AGE (In years, last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 10 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Polk County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Wesley Scrogins	13b. MOTHER'S MAIDEN NAME Dora Ann Euliss	14. NAME OF HUSBAND OR WIFE Claude Ruyle
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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. none	17. INFORMANT'S SIGNATURE OR NAME Wm. W. Ruyle, Springfield, Mo.	ADDRESS
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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 1 Month
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Pulmonary Edema		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Valvular Heart Disease DUE TO (c) Aortic Regurgitation		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		411X	

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) m.	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 Jan 29, 1948, to Feb 12, 1950, that I last saw the deceased alive on Feb 17, 1950, and that death occurred at 12:05A m., from the causes and on the date stated above.

23a. SIGNATURE Kenneth O. Oglesby M.D. (Degree or title)	23b. ADDRESS SPRINGFIELD, MO.	23c. DATE SIGNED 2-21-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 20 Feb 1950	24c. NAME OF CEMETERY OR CREMATORY Brighton	24d. LOCATION (City, town, or county) (State) Brighton, Missouri.
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DATE REC'D BY LOCAL REG. 2-21-50	REGISTRAR'S SIGNATURE W. H. Handley	25. FUNERAL DIRECTOR'S SIGNATURE Frank Thomas	ADDRESS Springfield, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Ralph H. Thieme*.....

Licensed Embalmer No. 3681.....

P. O. Address Springfield, Missouri......

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.