

FILED JUL 10 1950

STANDARD CERTIFICATE OF DEATH

State File No. 20755
Registrar's No. 6

BIRTH NO. 251684-49 REG. DIST. NO. 165 PRIMARY REG. DIST. NO. 428-7

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Leeton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Leeton	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) R.R.#2 Leeton	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R.#2 Leeton		d. STREET ADDRESS (If rural, give location) R.R.#2 Leeton	

3. NAME OF DECEASED (Type or Print) Ethel Angie Rucker			4. DATE OF DEATH (Month) (Day) (Year) June 14, 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH July 4, 1949	9. AGE (In years last birthday) 11	10. IF UNDER 1 YEAR OF AGE: Hours 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY Child		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Lewis C. Rucker		13b. MOTHER'S MAIDEN NAME Eldora Hinkko		14. NAME OF HUSBAND OR WIFE Never Married	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Mrs Eldora Rucker	
				ADDRESS Leeton Mo	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		WIX	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)	
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?	

22. I hereby certify that I attended the deceased from 6-13, 1950, to 6-14, 1950, that I last saw the deceased alive on 6-13, 1950 and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ethel Cooper M.D.		23b. ADDRESS Warranburg Mo		23c. DATE SIGNED 6-16-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-16-50		24c. NAME OF CEMETERY OR CREMATORY Holden Cemetery		24d. LOCATION (City, town, or county) (State) Holden Missouri	
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DATE REC'D BY LOCAL REG. June 18, 1950		REGISTRAR'S SIGNATURE Marie A. Larkins		25. FUNERAL DIRECTOR'S SIGNATURE R. B. Brauningger		ADDRESS Warranburg Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

251684

RECEIVED
JUL 3 1950
JOHNSON COUNTY HEALTH DEPT

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 me

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed R. A. Brauning

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.