

FILED OCT 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31351

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4424 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY <b>Polk</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Polk</b> 0840	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Humansville</b>	c. LENGTH OF STAY (in this place) <b>1 mon.</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Humansville</b> 0	d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Big Springs Rest Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>Willis</b> c. (Last) <b>Ruckman</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>9 28 50</b>
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5. SEX <b>Male</b> 0	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> 2	8. DATE OF BIRTH <b>Oct. 29, 1868</b>	9. AGE (In years last birthday) <b>81</b>	10. IF UNDER 1 YEAR Months <b>8</b> Days <b>29</b>	11. IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Champaign Co., Illinois</b>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>Thomas</b>	13b. MOTHER'S MAIDEN NAME <b>Amanda McGowan</b>	14. NAME OF HUSBAND OR WIFE <b>Hattie</b>
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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)	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Claude Ruckman</b>	ADDRESS <b>Zealand, Iowa</b>
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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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Circulatory Failure</b>	ANTECEDENT CAUSES		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <b>Myocardial Weakness</b>	
		DUE TO (c) <b>Senility</b>	
	II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death. <b>Prostatic Condition</b>	<b>4/222</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **5:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>H. R. Easton M.D.</b>	23b. ADDRESS <b>Theaubleau, Missouri</b>	23c. DATE SIGNED <b>Sept. 29, 1950</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10/1/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Humansville Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Humansville, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Oct 2, 1950</b>	LOCAL REG. SIGNATURE <b>Ralph Gordon</b>	REGISTRAR'S SIGNATURE <b>James J. ...</b>	FUNERAL DIRECTOR'S SIGNATURE <b>James J. ...</b>	ADDRESS <b>Humansville</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

**DIVISION OF HEALTH OF MO.**  
District No. 5 - Springfield

RECEIVED

OCT 10 1950

Dist File 1050-2087  
Date Filed 10-10-50

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *O. H. Beckwith*

Licensed Embalmer No. *3937*

P. O. Address *Humansville*

**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.