

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4333

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 3398 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Douglas	
b. CITY (If outside corporate limits, write RURAL and give town OR Keltner, R, Buchanan		c. CITY (If outside corporate limits, write RURAL and give township) 0340 OR TOWN Keltner, Rural, Buchanan	
d. FULL NAME OF HOSPITAL OR INSTITUTION <del>if not in hospital or institution, give street address or location</del>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Aaron		b. (Middle) T.	
c. (Last) Rucker		4. DATE OF DEATH (Month) (Day) (Year) 1-28-51	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 6-28-3.65
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (State or foreign country) Atkinson Co. 0 Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. NAME OF HUSBAND OR WIFE Sarah Ann Melton Rucker	
13a. FATHER'S NAME William Rucker		13b. MOTHER'S MAIDEN NAME Mary A. Priest	
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 Mrs. Dorothy Hawkins		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) <i>Uremic Poisoning</i> ANTECEDENT CAUSES (b) <i>Chronic Nephritis</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		592x	
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 June 7, 1950, to Jan-28, 1951, that I last saw the deceased alive on June 19, 1950, and that death occurred at 2 P.M. from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>D. Harmon W. Wilson</i>		23b. ADDRESS <i>Sparta, Mo.</i>	
23c. DATE SIGNED <i>Jan-31-51</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	
24b. DATE <i>1-31-51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Grove</i>	
24d. LOCATION (City, town, or county) (State) <i>Mt. Grove, Mo.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. Clinkingbeard</i>	
25. ADDRESS <i>Funeral Home, Ava, Mo.</i>		DATE REC'D BY LOCAL REG. <i>2-8-51</i>	
REGISTRAR'S SIGNATURE <i>Uesta Bushman</i>		84	

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

0340

DIVISION OF HEALTH OF MO.

District No. 5 - St. Louis

RECEIVED FEB 13 1951

Dist. File 227-378

Date Filed 2-14-51

1967-8

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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Wa. 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.