

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29709

FILED OCT 10 1951

State File No. _____

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5782

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Cape Girardeau</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Shawneetown</i>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <i>0160</i> OR TOWN <i>Rural Shawneetown</i>		d. STREET ADDRESS (If rural, give location) <i>Jackson Mo R 1</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Jackson Mo R 1</i>							
3. NAME OF DECEASED (Type or Print)		a. (First) <i>HENRY</i>		b. (Middle) <i>GEORGE</i>		c. (Last) <i>Ruehling</i>	
4. DATE OF DEATH		5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	
8. DATE OF BIRTH <i>Sept 15 - 1871</i>		9. AGE (In years last birthday) <i>80</i>		IF UNDER 1 YEAR Months <i>0</i> Days <i>13</i>		IF UNDER 24 HRS. Hours <i></i> Min. <i></i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Attenburg Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Frank G. Ruehling</i>		13b. MOTHER'S MAIDEN NAME <i>not known</i>		14. NAME OF HUSBAND OR WIFE <i>Christina Walter</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Elmer Ruehling Jackson Mo</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Mitral Stenosis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arterio Sclerosis</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>4500</i>				INTERVAL BETWEEN ONSET AND DEATH	
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 <i>1948</i> , 1948, to <i>Sept 7</i> , 1951, that I last saw the deceased alive on <i>Sept 7</i> , 1951, and that death occurred at <i>3:30 p.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>R. D. Blaylock M.D.</i>				23b. ADDRESS <i>P.O. Box Bidart Mo</i>		23c. DATE SIGNED <i>F-27-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24b. DATE <i>Sept 30 1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Jeann Lutheran</i>		24d. LOCATION (City, town, or county) (State) <i>Popokontas Mo</i>	
DATE REC'D BY LOCAL REG. <i>Oct-1-51</i>		REGISTRAR'S SIGNATURE <i>D. G. L... 43</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>McLomb's Fun & M... Jackson Mo</i>			

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

RECEIVED

OCT 8 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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 BA Meyer.....

Licensed Embalmer No. 305-1.....

P. O. Address Jackson 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.