

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42164

FILED JAN 7 1952

BIRTH-NO.		REG. DIST. NO. 282		PRIMARY REG. DIST. NO. 5655		Registrar's No. 150	
1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Lawrence			
b. CITY (If outside corporate limits, write RURAL and give township) Rural Mt Vernon		c. LENGTH OF STAY (in this place) Lifetime		c. CITY (If outside corporate limits, write RURAL and give township) Mt Vernon Rural		1550	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt 2 Mt Vernon Mo.				d. STREET ADDRESS (If rural, give location) Rt 2			
3. NAME OF DECEASED a. (First) Emily (Type or Print)		b. (Middle)		c. (Last) Ruckert		4. DATE OF DEATH (Month) (Day) (Year) Dec 17 1951	
5. SEX Fe	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct-28-1873		9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 1	IF UNDER 1 HR. Days 19 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jim M. Snyder		13b. MOTHER'S MAIDEN NAME Elizabeth Pruitt		14. NAME OF HUSBAND OR WIFE John Ruckert			
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.		17. INFORMANT'S SIGNATURE OR NAME Mrs Austin Bullard Mt Vernon Mo		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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis				INTERVAL BETWEEN ONSET AND DEATH 7 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)					
		11. 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 42-01				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 Dec 10, 1951, to Dec 17, 1951, that I last saw the deceased alive on Dec 11, 1951, and that death occurred at 12:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) D A Holmes D.M.D.				23b. ADDRESS Mt Vernon Mo		23c. DATE SIGNED 12-20-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial #1		24b. DATE Dec-19-1951	24c. NAME OF CEMETERY OR CREMATORY Brick Church Cemetery		24d. LOCATION (City, town, or county) (State) Mt Vernon Mo		
DATE REC'D BY LOCAL REG. 12-27-51		REGISTRAR'S SIGNATURE Cecil Headrick		25. FUNERAL DIRECTOR'S SIGNATURE Max L Fossett		ADDRESS Mt Vernon Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED | DEC 28 1951

Dist. File _____

Date Filed _____

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 _____

Max L. Fossett

Licensed Embalmer No. _____

4252

P. O. Address _____

Wet Vernon, Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.