

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2224  
Registrar's No. 25

BIRTH NO. 3268-52 REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perryville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Silver Lake	
d. FULL NAME OF HOSPITAL OR INSTITUTION Perry County Memorial Hospital		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Francis b. (Middle) Leroy c. (Last) Ruch			4. DATE OF DEATH (Month) (Day) (Year) January 20, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH January 11, 1952	9. AGE (In years last birthday) 0	9. AGE (In years last birthday) 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Perryville, Mo.	
13a. FATHER'S NAME Francis Ruch		13b. MOTHER'S MAIDEN NAME Stella Marie Geile Ruch		14. NAME OF HUSBAND OR WIFE	

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 Francis Ruch, Silver Lake, Mo.	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Erythroblastosis Fetalis</i>		INTERVAL BETWEEN ONSET AND DEATH  <i>2 days</i>
	ANTECEDENT CAUSES Morbidity 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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) <i>7700</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 *Jan 11, 1952*, to *Jan 20, 1952*, that I last saw the deceased alive on *Jan 20, 1952*, and that death occurred at \_\_\_\_\_ m. from the causes and on the date stated above.

23a. SIGNATURE <i>Ed Warren M.D.</i>	(Degree or title)	23b. ADDRESS <i>Perryville Mo</i>	23c. DATE SIGNED <i>1-21-52</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Jan. 21, 1952</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Silver Lake Catholic</i>	24d. LOCATION (City, town, or county) (State) <i>Silver Lake, Mo.</i>
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DATE REC'D BY LOCAL REG <i>Jan 21-52</i>	REGISTRAR'S SIGNATURE <i>Joe J. Zollner</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Albert Key</i>	ADDRESS <i>Perryville, Mo.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 \_\_\_\_\_

*Albert Bey*

Signed.....

Student Embalmer

Licensed Embalmer No. *3866*

P. O. Address *Ferrysville, 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.