

FILED JAN 29 1952

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

3619

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 6104 Registrar's No. 4

| | | | |
|---|-------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Scotland</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Scotland</u> | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Miller</u> | | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Miller</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>GUY</u> b. (Middle) <u>MADISON</u> c. (Last) <u>RUGGLES</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 8 1952</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Sept 22 1906</u> |
| 9. AGE (In years last birthday) <u>45</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | 11. BIRTHPLACE (State or foreign country) <u>Scotland Co Mo</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 12. CITIZEN OF WHAT COUNTRY? <u>U S</u> |
| 13a. FATHER'S NAME <u>James M Ruggles</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary C McHenry</u> | 14. NAME OF HUSBAND OR WIFE <u>Mary Ruggles</u> |
| 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 ADDRESS <u>Mary Ruggles Memphis Mo</u> |
| 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) <u>Hypertensive Heart Disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <u>443x</u> | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>April</u> , 19 <u>46</u> , to <u>Jan 8</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Jan 8</u> , 19 <u>52</u> , and that death occurred at <u>8:00 P.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>E. S. Hillman M.D.</u> | | 23b. ADDRESS <u>Memphis, Mo.</u> | |
| 23c. DATE SIGNED <u>1/15/52</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Jan 10 1952</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Richland Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>1/15/52</u> | | REGISTRAR'S SIGNATURE <u>W. Baker 403</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Gertrude Baskett</u> | | ADDRESS <u>Memphis Mo</u> | |

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

599,0

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 Albert C. Gerth

Licensed Embalmer No. 4257

P. O. Address Memphis 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.