

FILED AUG 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23529**

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 274	
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair			
b. CITY (If outside corporate limits, write RURAL and give township) Kirksville		c. LENGTH OF STAY (in this place) 33 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Kirksville		0013	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 508 S. Halliburton				d. STREET ADDRESS (If rural, give location) 508 S. Halliburton			
3. NAME OF DECEASED (Type or Print) a. (First) Jackson		b. (Middle) Sterling		c. (Last) Rucker		4. DATE OF DEATH (Month) (Day) (Year) July 30, 1952	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 30, 1862	
9. AGE (In years last birthday) 89		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter, Rtd.		10b. KIND OF BUSINESS OR INDUSTRY Painter, Rtd.		11. BIRTHPLACE (City and State or Foreign Country) Chariton County, Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Dr. M. J. Rucker		13b. MOTHER'S MAIDEN NAME Narcessa Givins		14. NAME OF HUSBAND OR WIFE Lucy Levenia Williams	
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. UK		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ray Thrasher, Kirksville, Mo			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion (probable) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) (Senility) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severe Brights Disease				INTERVAL BETWEEN ONSET AND DEATH few min. Several yrs Several yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4201		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 June 2, 1951 , to July 30, 1952 , that I last saw the deceased alive on July 15, 1952 , and that death occurred at 10:05 pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Dead upon arrival) (Degree or title) John R. Rodrick, D.O.				23b. ADDRESS Kirksville, Missouri		23c. DATE SIGNED 8/1/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/2/52		24c. NAME OF CEMETERY OR CREMATORY Keytesville		24d. LOCATION (City, town, or county) (State) Keytesville, Mo.	
DATE REC'D BY LOCAL REG. 8-1-52		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE Paul R. Riley		ADDRESS Kirksville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Richard H. Bandall

Licensed Embalmer No. 4866

P. O. Address Firksville, 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.