

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24912

State File No.

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

FILED AUG 9- 1952

REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 5597 Registrar's No. 106

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Rural Centerview		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg 0512	
c. LENGTH OF STAY (in this place) 1 Hr		d. STREET ADDRESS (If rural, give location) 317 Madison	
d. FULL NAME OF HOSPITAL OR INSTITUTION Centerview, Missouri			

3. NAME OF DECEASED (Type or Print) a. (First) Hubert b. (Middle) Lee c. (Last) Rucker			4. DATE OF DEATH (Month) (Day) (Year) July 27, 1952			
5. SEX Male 2	6. COLOR OR RACE Black	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH April 18, 1924	9. AGE (In years last birthday) 28	10. IF UNDER 1 YEAR Months Days	11. IF UNDER 10 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Clarence Rucker		13b. MOTHER'S MAIDEN NAME Lula Fewel		14. NAME OF HUSBAND OR WIFE Never Married	
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. 496-24-3765		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lula Rucker Warrensburg, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental Drowning</u>		MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>E9291</u> rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>42</u>			
	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 151		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm Lake		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Centerview Johnson Missouri	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY July 27, 1952 2Pm.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Drowned while swimming	

22. I hereby certify that I attended the deceased from Viewing only, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:00P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Kelly Rawlins</u> (Degree or title) MD Coroner		23b. ADDRESS B Holden, Missouri		23c. DATE SIGNED 7-28-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-31-52		24c. NAME OF CEMETERY OR CREMATORY SunSet Hill Cemetery	
				24d. LOCATION (City, town, or county) (State) Warrensburg, Missouri	

DATE REC'D BY LOCAL REG. July 28, 1952		REGISTRAR'S SIGNATURE <u>Savannah Anttila</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Brauning</u> Warrensburg, Mo.	
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RECEIVED
AUG 5 1952
JOHNSON COUNTY HEALTH D

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 me

working under my personal supervision.

Student Embalmer No.....

Signed.....

R. A. Branninger

Signed.....

Student Embalmer

Licensed Embalmer No..... 3377

P. O. Address Warrensburg

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.