

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35888

State File No.

FILED OCT 28 1952

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 3222

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u> <u>0804</u>	
c. LENGTH OF STAY (in this place) <u>38 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>304 W. Henry</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>304 W. Henry, St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Rucker</u> c. (Last) <u>Rucker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 16, 1952</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 10, 1873</u>		9. AGE (In years last birthday) <u>79 yrs</u>		10. UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		11. UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wheel-Roller (RET.)</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Missouri Pacific Shops</u>			11. BIRTHPLACE (State or foreign country) <u>Boone County, Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>I. Ke Rucker</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Pipes</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs. Fannie Rucker</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>702-18-3291</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Fannie Rucker-Sedalia, Mo.</u>			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Chronic Interstitial Nephritis</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 <u>592x</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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	
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22. I hereby certify that I attended the deceased from 8-4 - 10-16, 1952, that I last saw the deceased alive on 10-16, 1952 and that death occurred at 1:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A.R. Mad dog M.D.</u>			23b. ADDRESS <u>116 1/2 W. Main</u>			23c. DATE SIGNED <u>Oct 18-1952</u>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 20, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Annex Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>10/18-1952</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Sedalia Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

204

7801/25100

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

Paul Alfano

Licensed Embalmer No. 4245

P. O. Address. *Sedalia 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.