

IC-1559057
R# 3215

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41653**

BIRTH NO. **FILED DEC 17 1952** REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007** Registrar's No. **548**

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. LENGTH OF STAY (In this place) 8 days	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vulcan		0470	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital		d. STREET ADDRESS (If rural, give location) Rural Route	
3. NAME OF DECEASED (Type or Print) a. (First) Walter		b. (Middle) L.	
c. (Last) Ruble		4. DATE OF DEATH (Month) (Day) (Year) December 12, 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sep. 11, 1895
9. AGE (In years; last birthday) 57		10. UNDER 1 YEAR Months Days	11. OVER 1 YEAR Hours Mins.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Saw Mill	11. BIRTHPLACE (City and State or Foreign Country) Vulcan, Missouri
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Jim Ruble	
13b. MOTHER'S MAIDEN NAME Polly Lewis		14. NAME OF HUSBAND OR WIFE Flava Ruble	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-I		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records		ADDRESS	
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, arthritis, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bleeding esophageal varices ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hepatic decompensation DUE TO (c) Laennec's cirrhosis 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 5811	
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)			
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 Dec. 4, 1952 to Dec. 12, 1952 , and that death occurred at 12:10 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE A.Y. DeLaney (Degree or title) A.Y. DeLANEY, M.D., CHIEF, SURGICAL SV.		23b. ADDRESS VA Hospital, Poplar Bluff, Mo.	
23c. DATE SIGNED 12-12-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 12-12-1952	
24c. NAME OF CEMETERY OR CREMATORY Piedmont, Mo		24d. LOCATION (City, town, or county) (State) Piedmont, Mo	
DATE REC'D BY LOCAL REG. 12-13-52		REGISTRAR'S SIGNATURE Wm. H. Johnson	
25. FUNERAL DIRECTOR'S SIGNATURE Greenway & Fitch		ADDRESS Poplar Bluff, Mo	

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

RECEIVED

DEC 15 1952

BUTLER CO. HEALTH CENTER

FILE No. 1252-596

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 Joseph R. Matlock

Licensed Embalmer No. 4824

P. O. Address Caplan, Bluff, 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.