

FILED FEB 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **573**

BIRTH NO. _____		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 5185		Registrar's No. 25	
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE Missouri b. COUNTY Cape Girardeau			
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. LENGTH OF STAY (If in institution) 5 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		OR TOWN 0160	
d. FULL NAME OF HOSPITAL OR INSTITUTION at Home				d. STREET ADDRESS (If rural, give location) Highway 61 South			
3. NAME OF DECEASED (Type or Print) a. (First) WELDON			b. (Middle) J	c. (Last) RUEBEL		4. DATE OF DEATH (Month) (Day) (Year) Jan 18 1953	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 15 1919		9. AGE (In years last birthday) 33	IF UNDER 1 YEAR Month 7 Day 3	IF OVER 1 YEAR Hours 18 Mts. 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Person		10b. KIND OF BUSINESS OR INDUSTRY Sales		11. BIRTHPLACE (City and State or Foreign Country) Cape Girardeau, MO		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Ruebel		13b. MOTHER'S MAIDEN NAME Helen Clark		14. NAME OF HUSBAND OR WIFE Anabelle Ruebel			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give number dates of service) NO		16. SOCIAL SECURITY NO. 490-10-8939		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anabelle Ruebel Cape Girardeau, 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 thrombosis				INTERVAL BETWEEN ONSET AND DEATH summers	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 Jan 13, 1953 , to Jan 18, 1953 , that I last saw the deceased alive on Jan 13, 1953 , and that death occurred at 7:05 Am. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John Craine, M.D.				23b. ADDRESS Cape Girardeau, Mo		23c. DATE SIGNED Jan 29, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 1-20-53	24c. NAME OF CEMETERY OR CREMATORY Admission Cemetery		24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo		
DATE REC'D BY LOCAL REG. 1-27-53		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE Joe Howce		ADDRESS Cape Girardeau, Mo	

(Licensed Embalmers' Signatures on Reverse Side)

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

0160
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EX-101
DEC 19 1962

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

W. H. Estes

Licensed Embalmer No. *3568*

P. O. Address

Cape Girardeau

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.