

FILED JUL 29 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25925

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Nebraska b. COUNTY Hall	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ft. Leonard Wood		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grand Island 8260	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1424 N. Park Street 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION US Army Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Duane b. (Middle) G. c. (Last) Ruple			4. DATE OF DEATH (Month) (Day) (Year) July 18 1953		
5. SEX Male <input type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 9 January 1932	9. AGE (In years last birthday) 21	10. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Service Station		11. BIRTHPLACE (State or foreign country) Nebraska	

13a. FATHER'S NAME Paul Martin Ruple		13b. MOTHER'S MAIDEN NAME Grace - - - Ruple		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes Inducted 11Mar53		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (1) Hemorrhage into right cerebral Hemisphere		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES (2) Epidural hemorrhage, right parietal region. Basal skull fracture, right		
	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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E8350 33		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) On Post		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Ft. Leonard Wood Pulaski Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 15 53 1605		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell off truck	

22. I hereby certify that I attended the deceased from 10 to 10, that I last saw the deceased alive on 10, and that death occurred at 5:10 A. m., from the causes and on the date stated above.

23a. SIGNATURE John P. Sargent 1st Lt MC		23b. ADDRESS Ft Leonard Wood - Mo		23c. DATE SIGNED 7-18-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 19 53		24c. NAME OF CEMETERY OR CREMATORY Grand Island	
24d. LOCATION (City, town, or county) (State) Grand Island Nebraska		25. FUNERAL DIRECTOR'S SIGNATURE Walter P. Hodges		ADDRESS Iberia Mo	
DATE REC'D BY LOCAL REG. 7-19-53		REGISTRAR'S SIGNATURE		458	

(Licensed Embalmer's Statement on Reverse Side)

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

850

RECEIVED 7-19-53  
Pulaski County Health Officer  
Date Filed 7-25-53  
File Number

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Clarence J. Moser

Signed.....  
Student Embalmer

Licensed Embalmer No. 4396

P. O. Address Waynesville, N.C.

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.