

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31192

State File No. _____

FILED SEP 28 1953

BIRTH NO. 58924 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 271

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cape Gir</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jackson</u>	
c. LENGTH OF STAY (In this place) <u>12 min</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Larry</u> b. (Middle) <u>Rufdenberg</u> c. (Last) <u>Rufdenberg</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 17 1953</u>		
5. SEX <u>M.</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>✓</u>	
8. DATE OF BIRTH <u>Sept 17 - 1953</u>		9. AGE (In years) (If under 1 year: Months) (If under 12 months: Days) (If under 12 hours: Hours) (If under 15 min: Min) <u>15</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>✓</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Cape Girardeau Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			

13a. FATHER'S NAME <u>Marvin Rufdenberg</u>		13b. MOTHER'S MAIDEN NAME <u>Worthy Lehman</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marvin Rufdenberg</u> ADDRESS <u>Jackson</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Prematurity</u>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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. <u>Spontaneous delivery at 5 1/2 mo.</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Sept 17, 1953 to Sept 17, 1953 that I last saw the deceased alive on Sept 17, 1953, and that death occurred at 10:42 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. Trolinger, M.D.</u>		23b. ADDRESS <u>J. H. TROLINGER, M. D. JACKSON, MISSOURI</u>		23c. DATE SIGNED <u>9/19/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 18 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Luke Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Jackson Mo R2 Mo.</u>		DATE REC'D BY LOCAL REG. <u>9-21-53</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	
25. BUREAU DIRECTOR'S SIGNATURE <u>W. B. ...</u>		ADDRESS <u>Jackson</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

No. 300
10.48

164
0

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

Not Embalmed

Signed

B. C. Meyer

Licensed Embalmer No.

3057

P. O. Address

Jackson m.

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.