

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36218**

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FILED **NOV 10 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **154** PRIMARY REG. DIST. NO. **5575** Registrar's No. **44**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b> <b>0190</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Grandview</b>		c. LENGTH OF STAY (in this place) OR <b>18 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Belton</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Grandview Restorium</b>			d. STREET ADDRESS (If rural, give location) <b>622 B. Street</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>JESSIE</b>		b. (Middle) <b>I</b>	c. (Last) <b>RUCH</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 30, 1953</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>March 21, 1873</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Fairbury, Nebraska /</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John W. Jacoby</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Ella Hudson</b>	14. NAME OF HUSBAND OR WIFE <b>Fredrick Ruch</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Wesley Ruch</b>		ADDRESS <b>Belton, Mo.</b>	
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) <b>Cardiac Decompensation + failure</b> DUE TO (b) <b>carcinoma metastatic</b> DUE TO (c) <b>carcinoma of colon</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
18. CAUSE OF DEATH	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) m.	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 <b>Oct 1, 1953</b> , to <b>Oct 30, 1953</b> , that I last saw the deceased alive on <b>Oct 29, 1953</b> , and that death occurred at <b>1:00 p.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Sain D. Hooper, M.D.</b>			23b. ADDRESS <b>Grandview, Mo.</b>		23c. DATE SIGNED <b>Oct 31-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 2, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Belton Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Belton, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>Oct 31/53</b>	REGISTRAR'S SIGNATURE <b>Dr. Anne B. Hodges</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>R. E. George</b>	ADDRESS <b>Belton, Mo.</b>		

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

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**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 Richard E. George

Licensed Embalmer No. 3958

P. O. Address Beltin, Ma.

**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.