

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36426

State File No.

FILED OCT 19 1953

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BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 161

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> # <u>1</u> b. COUNTY <u>Jefferson</u> # <u>2370</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Troy, Mo</u>		c. CITY OR TOWN <u>Festus R # 1</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>4</u> days		e. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Lincoln County Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Gary</u>	b. (Middle)	c. (Last) <u>Ruth</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct</u> <u>14</u> <u>53</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Nov 9 1942</u>	9. AGE (In years last birthday) <u>10</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Boy</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Howard E. Ruth</u>	13b. MOTHER'S MAIDEN NAME <u>Viola Bressler</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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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>Howard E. Ruth Festus Mo</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <u>30 hr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral anoxia</u>		E 9020 45
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac arrest (temporary) during surgical procedure</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of head of left humerus</u>		4 days	

19a. DATE OF OPERATION <u>10/13/53</u>	19b. MAJOR FINDINGS OF OPERATION <u>chest opened after about 1 hour managed re-ventilation</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home School</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Wentzville Mo 192</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10/10/53</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell from diving in school yard</u>
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22. I hereby certify that I attended the deceased from 10/11, 1953, to 10/14, 1953, that I last saw the deceased alive on 10/14, 1953, and that death occurred at 5 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert Loftis Brant</u>	23b. ADDRESS <u>634 N. Grand Blvd, St. Louis, Mo</u>	23c. DATE SIGNED <u>10/4/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 17, 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Oct 17 1953</u>	REGISTRAR'S SIGNATURE <u>Emma R. Riddle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Festus Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed..... *James J. Commey*

Licensed Embalmer No. *4744*

P. O. Address *Crystal City, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.