

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1919

FILED FEB 11 1954

State File No. ....

BIRTH NO. .... REG. DIST. NO. 176 PRIMARY REG. DIST. NO. 466-6 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Chesapeake</u>	c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>0550 Rural - Chesapeake</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vernon, Mo - R-1</u>		d. STREET ADDRESS (If rural, give location) <u>St. Vernon, Mo - R-1 - Hwy</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Manley</u> b. (Middle) <u>Henderson</u> c. (Last) <u>Ruckman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan - 15 - 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov-24-1889</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months Days	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>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Louis Ruckman</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ruckman</u>	14. NAME OF HUSBAND OR WIFE <u>Ruby Edith Ruckman</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>W.W.I - 1917-1918</u>	16. SOCIAL SECURITY NO. <u>499-18-6191</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Belle Ruckman</u>	ADDRESS <u>St. Vernon, Mo - R-1</u>
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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>at once</u>  <u>10 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) <u>Hypertension</u> rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>&amp; Chr. Myocarditis</u>		
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 <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 5/14, 1949, to 3/20, 1954, that I last saw the deceased alive on 3/20, 1954, and that death occurred at 10:4 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Emmett Hoover, M.D.</u> (Degree or title)	23b. ADDRESS <u>St. Vernon, Mo</u>	23c. DATE SIGNED <u>1/16/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-19-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ruckman Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>10 Mi. E. of St. Vernon, Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-20-54</u>	REGISTRAR'S SIGNATURE <u>W. S. Burley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Cassett</u>	ADDRESS <u>St. Vernon, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 17 1954

FEB 11 1954

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 me

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed H. W. Fassett .....

Licensed Embalmer No. 2201 .....

P. O. Address Mt. Vernon, 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 this body is not embalmed, fact should be so stated above.