

BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5438 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Brush Creek</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Brush Creek Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Farm Home</u>		d. STREET ADDRESS (If rural, give location) <u>Cuba, Mo. Rt. 1</u>	
3. NAME OF DECEASED (Type or Print) <u>Elizabeth</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 23, 1954</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>9-22-1863</u>	
9. AGE (In years last birthday) <u>91</u>		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 24 HRS. Hour Min.		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>near Pittsburgh, Penna.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Peter Riefer</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Hans</u>	
14. NAME OF HUSBAND OR WIFE <u>Frank Ruwwe</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clarence Ruwwe Cuba, Mo. Rt. 1</u>	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Degeneration</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 mo.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Advanced Arteriosclerosis</u> <u>5 yrs.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Intertrochanteric Fracture Left Femur</u> <u>2 mos.</u>	
19a. DATE OF OPERATION <u>8-31-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>See #11. Pin and brace inserted. E9020</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <u>Accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Brush Creek Twp. Gasconade Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-29-54 7a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Fall off porch, landing on left hip.</u>		22. I hereby certify that I attended the deceased from <u>8-29, 1954</u> , to <u>10-23, 1954</u> , that I last saw the deceased alive on <u>10-20, 1954</u> , and that death occurred at <u>3:50p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Lena Brenner M.D.</u>		23b. ADDRESS <u>Owensville, Mo.</u>	
23c. DATE SIGNED <u>10-26-54</u>		24a. BURIAL, CREMATION, REMOVAL <u>Burial</u>	
24b. DATE <u>10-26-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Warren Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>near Tab, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Millard H. H. Winter OWENSVILLE</u>	
DATE REC'D BY LOCAL REG. <u>October 27, 1954</u>		REGISTRAR'S SIGNATURE <u>Mrs. Marjorie Jappone</u>	

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

0370

0370

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 Mr

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Melford H. H. Hunter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.