

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40200

State File No.

FILED DEC 20 1954

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1500 Registrar's No. 1313

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph <u>0117</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson Nursing Home 518 N. 3		d. STREET ADDRESS (If rural, give location) rd St. 217 Francis St.	

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Pierce	c. (Last) Rucker	4. DATE OF DEATH (Month) (Day) (Year) Dec. 14 1954
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5. SEX Male <u>♂</u>	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 26 1880	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days	IF UNDER 48 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher	10b. KIND OF BUSINESS OR INDUSTRY Meat Pack. Plant	11. BIRTHPLACE (State or foreign country) Huntsville, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Henry Rucker	13b. MOTHER'S MAIDEN NAME Rachel Miller	14. NAME OF HUSBAND OR WIFE Anna J. Rucker
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 500-09-6136	17. INFORMANT'S SIGNATURE OR NAME Mrs. Dora Hicks	ADDRESS St. Joseph, Mo. 1811 Dalton St.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Cerebral Hemorrhages		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
	ANTECEDENT CAUSES DUE TO (b) Mental deterioration		
	DUE TO (c) Generalized Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Senility Conditions contributing to the death but not related to the disease or condition causing death.			Ukn.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) m.	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 10-11, 1954, to 12-14, 1954, that I last saw the deceased alive on 12-14, 1954, and that death occurred at 8:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. J. Mundy M.D.</u>	23b. ADDRESS 2801 Sacramento St.	23c. DATE SIGNED 12/17/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 17, 54	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
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DATE REC'D BY LOCAL REG. Dec. 17 54	REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>	4252	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Alexander</u>	ADDRESS St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 1 1956

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 Wm. H. Alexander

Licensed Embalmer No. 4450

P. O. Address St. Joseph, 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.