

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37739

State File No.

FILED DEC 1 1955

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>207</u>	
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rolla</u>		c. LENGTH OF STAY (in this place) <u>2 months</u>		c. CITY OR TOWN <u>Edgar Springs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McFarland Nursing Home</u>				STREET ADDRESS (If rural, give location) <u>Highway 63</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HERMAN</u>		b. (Middle) <u>A.</u>		c. (Last) <u>RUSZKIEWICZ</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 21, 1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Feb. 15, 1882</u>	
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months _____		IF UNDER 24 HRS. Days _____		IF UNDER 1 HRS. Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Furniture Mfg.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Poland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Pauline</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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Estelle Grady Chicago, Ill.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ca of sigmoid colon</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Senility</u> <u>coronary sclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs.</u>	
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) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>5-1</u> , 19 <u>54</u> , to <u>11-21</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11-16</u> , 19 <u>55</u> , and that death occurred at <u>2 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. E. Fend m. d.</u> (Degree or title)				23b. ADDRESS <u>Rolla Mo.</u>		23c. DATE SIGNED <u>11-25-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 23, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rolla, Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rolla, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 25, 1955</u>		REGISTRAR'S SIGNATURE <u>Madeline L. Stoll</u> 380		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Hull</u>		ADDRESS <u>Rolla, Mo.</u>	

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

RECEIVED

Phelps County Health Officer,

County File Number 268

Date Filed NOV 30 1955

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 Paul E. Nu

Licensed Embalmer No. 448

P. O. Address Rolla,

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.