FILED JAN 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41422

State File No.

BIRTH NO. REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 5815 Registrar's No. 23

1. PLACE OF DEATH
a. COUNTY: MORGAN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL HAWCREEK
c. LENGTH OF STAY (In this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6 MILES NORTH STOVER

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MORGAN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL HAWCREEK TWP
d. STREET ADDRESS (If rural, give location): 6 MILES NORTH STOVER

3. NAME OF DECEASED (Type or Print)
a. (First): RUDOLPH
b. (Middle): C.
c. (Last): RUGEN

4. DATE OF DEATH (Month) (Day) (Year): DEC. 24 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JAN. 1 1891
9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months 11 Days 23
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARM
10b. KIND OF BUSINESS OR INDUSTRY: FARM
11. BIRTHPLACE (State or foreign country): STOVER MO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: LOUIS RUGEN
13b. MOTHER'S MAIDEN NAME: GESCHE KYLERS
14. NAME OF HUSBAND OR WIFE: ANNA RUGEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: ANNA RUGEN
ADDRESS: STOVER MO

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) Squamous Cell carcinoma Primary in floor of mouth. — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) 143x

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11-2-55
19b. MAJOR FINDINGS OF OPERATION: Squamous Cell carcinoma of neck - metastatic
20. AUTOPSY? YES ☐ NO ☑

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1955, to Dec. 24, 1955, that I last saw the deceased alive on Dec. 20, 1955, and that death occurred at 10:45 PM from the causes and on the date stated above.

23a. SIGNATURE: Jack Gunn (Degree or title) M.D.
23b. ADDRESS: Versailles, Mo.
23c. DATE SIGNED: 12/27/55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: DEC. 27 1955
24c. NAME OF CEMETERY OR CREMATORY: STOVER CEMETERY
24d. LOCATION (City, town, or county) (State): STOVER MO.

DATE REC'D BY LOCAL REG.: Dec. 30-1955
REGISTRAR'S SIGNATURE: Thm L. Kipperger
FUNERAL DIRECTOR'S SIGNATURE: J. L. Stevenson
ADDRESS: Stover Mo

(Licensed Embalmer's Statement on Reverse Side)

FEB 9 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 J. L. Stevenson

Licensed Embalmer No. 4073

P. O. Address Stowe M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.