

FILED JUN 4 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **15655**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **590**

|   |                                  |   |   |  |  |   |   |
|---|----------------------------------|---|---|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Buchanan</b>  |                                  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b> |  |   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Joseph</b>   |                                  | c. LENGTH OF STAY (in this place)<br><b>19 yrs.</b>   |   | c. CITY OR TOWN <b>St. Joseph</b>  |  | d. Is Residence within limits of a city or incorporated town?<br><b>XXX No 01</b>   |   |
| d. FULL NAME OF (If not in hospital or institution, give street address or location)<br>HOSPITAL OR INSTITUTION <b>Mo. Methodist Hospital</b>   |                                  |   |   | e. STREET ADDRESS (If rural, give location)<br><b>1801 Sylvania Street 0110</b>  |  |   |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>John</b>   |                                  |   | b. (Middle) <b>James</b>                                      |  | c. (Last) <b>Rucker</b>  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>May 27 1956</b> |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>Negro</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>  | 8. DATE OF BIRTH<br><b>Jan. 13-1937</b>                       |  | 9. AGE (In years last birthday) <b>19</b>  | IF UNDER 1 YEAR<br>Months<br><b>19</b>  | IF UNDER 24 HRS.<br>Days<br><b>19</b>                       |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Laborer</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Foundry</b>   |   | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>St. Joseph, Mo.</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>                                       |   |
| 13a. FATHER'S NAME<br><b>James L. Rucker</b>  |                                  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Hortense Browning</b>         |  | 14. NAME OF HUSBAND OR WIFE<br><b>Jean Esther Rucker</b>                             |   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>489-36-2533</b>   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>James L. Rucker-1801 Sylvania St.</b>  |  |   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br><b>St. Joseph, Mo.</b>  |  |   | INTERVAL BETWEEN ONSET AND DEATH                            |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>  |                                  |   |   | DUE TO (b) <b>Lower nephron nephrosis</b>  |  |   | <b>7d</b>   |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.   |                                  |   |   | DUE TO (c) <b>Crush injuries</b>   |  |   | <b>7d</b>   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |                                  |   |   |  |  |   |   |
| 19a. DATE OF OPERATION<br><b>5-20-56</b>  |                                  | 19b. MAJOR FINDINGS OF OPERATION<br><b>Perforated rectum, urethra &amp; broken pelvis</b>                         |   |  |  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |   |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><b>Accident</b>   |                                  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>City street</b>    |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><b>Atchison 2/5 Atchison Kansas</b>   |  |   |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><b>5 20 56 2A</b>  |                                  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |   | 21f. HOW DID INJURY OCCUR?<br><b>Auto accident</b>   |  |   |   |
| 22. I hereby certify that I attended the deceased from <b>5-24</b> , 19 <b>56</b> , to <b>5-27</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>5-27</b> , 19 <b>56</b> , and that death occurred at <b>9 A m.</b> , from the causes and on the date stated above. |                                  |   |   |  |  |   |   |
| 23a. SIGNATURE (Degree or title)<br><b>Oliver Popowich M.D.</b>   |                                  |   |   | 23b. ADDRESS<br><b>St. Joseph Mo</b>   |  | 23c. DATE SIGNED<br><b>5-29-56</b>  |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                  | 24b. DATE<br><b>May 31-1956</b>   | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Ashland Cemetery</b> |  | 24d. LOCATION (City, town, or county) (State)<br><b>St. Joseph, Mo.</b>              |   |   |
| DATE REC'D BY LOCAL REG.<br><b>May 31, 1956</b>   |                                  | REGISTRAR'S SIGNATURE<br><b>Green M. Allison</b>  |   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Wm. H. Alexander, St. Joseph, Mo.</b> |   |   |

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *Wm. H. Alexander*

Licensed Embalmer No. *445*

P. O. Address *St. Joseph*

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.