

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **12356**

FILED JUN 7 1956

BIRTH NO.

REG. DIST. NO. **290**

PRIMARY REG. DIST. NO. **4431**

Registrar's No. **67**

1. PLACE OF DEATH a. COUNTY Pulaski			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski		
b. CITY (If outside corporate limits, write RURAL and give town or township) Dixon		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Dixon		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION			STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) Ada		b. (Middle) Frances	c. (Last) Rugg	4. DATE OF DEATH (Month) (Day) (Year) 5 27 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 3/18/1874	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR: Months 2 Days 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and State or Foreign Country) Washington County, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME William Todd		13b. MOTHER'S MAIDEN NAME Sarah McQuire	14. NAME OF HUSBAND OR WIFE James P. Rugg		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) X	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Mrs. Fred H. Gilbert, Dixon, Missouri		ADDRESS
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary arteriosclerosis			ANTECEDENT CAUSES		
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			DUE TO (b) Myocardial ischemia		
			DUE TO (c) Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS			Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		
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 5-26 , 19 56 , to 5-27 , 19 56 , that I last saw the deceased alive on 5-27 , 19 56 , and that death occurred at 7:00 A. M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) H. W. Meigan, M.D.			23b. ADDRESS Dixon, Mo		23c. DATE SIGNED 5/28/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/29/1956	24c. NAME OF CEMETERY OR CREMATORY Dixon Cemetery	24d. LOCATION (City, town, or county) (State) Dixon, Missouri		
DATE REC'D BY LOCAL REG. 5-29-56		REGISTRAR'S SIGNATURE Charles J. Anderson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fred H. Gilbert, Dixon, Missouri		

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

RECEIVED 5-28-56
Pulaski County Health Officer
File Number 67
6-2-56

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.....
Licensed Embalmer No. 330
P. O. Address Ralla

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