

S. No. 300
V. 10-48

FILED AUG 3-1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24679**
Registrar's No. **93**

BIRTH NO. _____ REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **4427**

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 township) OR TOWN Waynesville	c. LENGTH OF STAY (In this place) 15 days	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: Waynesville General Hospital		e. STREET ADDRESS (If rural, give location) 0850	

3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) C. c. (Last) Rugg			4. DATE OF DEATH (Month) 7 (Day) 19 (Year) 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12/12/1895	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR: Months 7 Days 7
10a. USUAL OCCUPATION (Other kind of work done during most of working life, even if retired) Retired Clerk		10b. KIND OF BUSINESS OR INDUSTRY Clerk	11. BIRTHPLACE (City and State or Foreign Country) Pulaski County, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME James P. Rugg	13b. MOTHER'S MAIDEN NAME Ada Todd	14. NAME OF HUSBAND OR WIFE Eva Rugg
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. I	16. SOCIAL SECURITY NO. 497-05-2292	17. INFORMANT'S SIGNATURE OR NAME Mrs. Eva Rugg, Dixon, Missouri	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease		6 mo.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c)		2 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension encephalopathy			

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)
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 **June**, 19**56** to **July**, 19**56** that I last saw the deceased alive on **14 July**, 19**56**, and that death occurred at **10:05 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. D. Hughes M.D.	23b. ADDRESS Dixon, Mo.	23c. DATE SIGNED 20 July 56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/22/1956	24c. NAME OF CEMETERY OR CREMATORY Dixon Cemetery	24d. LOCATION (City, town, or county) (State) Dixon, Missouri
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DATE REC'D BY LOCAL REG. 7-22-56	REGISTRAR'S SIGNATURE Charles Paul Anderson	25. FUNERAL DIRECTOR'S SIGNATURE Fred H. Gilbert, Dixon, Missouri	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

458-

RECEIVED 8-2-56
Pulaski County Health Officer
File Number 93
Date Filed 7-22-56

JUG 5 1956

AUG 20 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.....
Signature of Student Embalmer

Signed... *Maurice F. Schiebauer*

Licensed Embalmer No. 45015

P. O. Address Dixon, Missouri

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.