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STANDARD CERTIFICATE OF DEATH

XC-1621 59 26 FILED FEB 28 1957 43 REG.# 13206 Registration District No. 3007 Primary Registration District No. 3007 STATE FILE NUMBER 3075 REGISTRAR'S NO. 186

1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau		
b. CITY (If outside corporate limits, give-TOWNSHIP only) OR TOWN Poplar Bluff		c. CITY OR TOWN Whitewater	d. STREET ADDRESS None		e. INSIDE LIMITS Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital		Length of stay in lb 38 days	f. RESIDE ON FARM Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Andy Ethel Ruffner			4. DATE OF DEATH February 13, 1957		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12/29/90	9. AGE (In years: last birthday) 66	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deck hand-River boat		10b. KIND OF BUSINESS OR INDUSTRY Transportation	11. BIRTHPLACE (City and state or country) Allenville, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Ruffner			14. MOTHER'S MAIDEN NAME Delia Mackbee		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWT		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT VA Hospital Records		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial failure.					INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Metastatic Abscesses of liver-primary focus unknown.					4 days
DUE TO (c) Cirrhosis of Liver					Several yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I ((a) Non-functioning gall bladder. Degenerative Arthritis of lumbar spine. Int. & Ext. Hemorrhoids. Benign Hypertrophy of Prostate Gland.					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) / yes			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Dec. 6, 1956 to Feb. 13, 1957 Death occurred at 1:20 PM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE C. W. GASKINS, M.D. Chf. Surg. Sv.			22b. ADDRESS VAH, Poplar Bluff, Mo.		22c. DATE SIGNED 2/13/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2-13-57	23c. NAME OF CEMETERY OR CREMATORY Cape County		23d. LOCATION (City, town, or county) (State) Cape County, Mo
24. FUNERAL DIRECTOR Frank-Cotrell Poplar Bluff, Mo.		25. DATE RECD. BY LOCAL REG. 2/23/57	26. REGISTRAR'S SIGNATURE W. Mackbee		

(Licensed Embalmer's Statement on Reverse Side)

20 OF 1957-
30 11

MAR 8 1957
MAR 13 1957

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 *Charles E. Mungle*

Licensed Embalmer No. 487

P. O. Address *Poplar Bl.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.