

FILED OCT 21 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35083**

BIRTH NO. _____		REG. DIST. NO. <b>53</b>		PRIMARY REG. DIST. NO. <b>5792</b>		Registrar's No. <b>H466</b>	
1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Shawnee</b>		c. LENGTH OF STAY (In this place) <b>60 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Shawnee</b>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>2 1/2 mi. East Pochontas</b>				d. STREET ADDRESS (If rural, give location) <b>2 1/2 mi. East Pochontas</b>			
3. NAME OF DECEASED a. (First) <b>CHRISTIANA</b>			b. (Middle) <b>RUEHLING</b>			c. (Last) <b>RUEHLING</b>	
4. DATE OF DEATH <b>Oct. 11 1957</b>		5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>June 3 1875</b>		9. AGE (In years last birthday) <b>82</b>		IF UNDER 1 YEAR Months <b>4</b> Days <b>8</b>		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Housework</b>			11. BIRTHPLACE (State or foreign country) <b>Altenburg, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Frank Walther</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Weseloh</b>		14. NAME OF HUSBAND OR WIFE <b>Henry Ruehling (Dad)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Hugo Ruehling Pochontas, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Arteriosclerosis</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>  <b>12 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>332X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <b>May</b> , 1953, to <b>Oct. 11</b> , 1957, that I last saw the deceased alive on <b>Oct. 10</b> , 1957, and that death occurred at <b>3</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>J. N. Jaeger, M.D.</b> (Degree or title)				23b. ADDRESS <b>Jackson, Mo.</b>		23c. DATE SIGNED <b>10-12-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 13, 57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Pochontas</b>		24d. LOCATION (City, town, or county) (State) <b>Pochontas, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>10-16-57</b>		REGISTRAR'S SIGNATURE <b>C. C. Summers</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>M. Combs Funeral Home</b> ADDRESS <b>Jackson</b>			

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

44-0

**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 \_\_\_\_\_

*B. R. Meyer*

Licensed Embalmer No. 305-1

P. O. Address Jackson Mo.

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