

Health, Welfare, Public Service

300 1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004747

STATE FILE NUMBER

FILED FEB 19 1958

Registration District No. 53 Primary Registration District No. _____ Registrar's No. 181

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Delta Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Cape Girardeau</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dutch Phelps Home Delta Mo.</u>			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>418 First St</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Roland</u> Middle <u>Raymond</u> Last <u>Ruttler</u>				4. DATE OF DEATH Month <u>Feb</u> Day <u>4</u> Year <u>1958</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Dec 31 1886</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.			
	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>				Months <u>1</u> Days <u>3</u> Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Drag Line Operator</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (City and state or country) <u>Cape Girardeau Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13. FATHER'S NAME <u>Joe Ruttler</u>				14. MOTHER'S MAIDEN NAME <u>Mary Stubenrauch</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT Address <u>Mr. Frank Phelps, Delta Mo.</u>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u>							INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } - DUE TO (b) <u>high blood pressure</u>									
DUE TO (c) _____									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? <u>0</u> YES <input type="checkbox"/> NO <input checked="" 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.)						
20c. TIME OF INJURY Hour _____ 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 <u>Feb 4th 1958</u> to <u>Feb 4th 1958</u>				and last saw her alive on <u>Feb 4th 58</u>					
Death occurred at _____				on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>[Signature]</u>			22b. ADDRESS <u>Delta Mo</u>			22c. DATE SIGNED <u>Feb 7, 1958</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Feb. 7, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Friends Hill Cemetery</u>		23d. LOCATION (City, town, or county) <u>Delta Missouri</u>				
24. FUNERAL DIRECTOR <u>Brinkhoff-Hawell</u>			ADDRESS <u>Cape Girardeau, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Feb. 11, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Homer E. Cooper</u>		

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 *Neil W. Grosshender*.....

Licensed Embalmer No. *49*.....

P. O. Address *Cape Girardeau*.....

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.