

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010490

STATE FILE NUMBER

FILED MAR 31 1958

Registration District No. 166 Primary Registration District No. 4254 Registrar's No. 8

0510

0518

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Johnson		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		a. STATE Missouri		b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Knob Noster				c. CITY OR TOWN Knob Noster		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION No Street Address			Length of stay in lb Life	d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Thomas		Middle M.		Last Rucker		Month Day Year March 23, 1958	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec 10, 1873		9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - Retired		10b. KIND OF BUSINESS OR INDUSTRY coop		11. BIRTHPLACE (City and state or country) Pettis County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Rucker				14. MOTHER'S MAIDEN NAME Darcus (Unk)			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Matilda F. Rucker Knob Noster, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis 444X							INTERVAL BETWEEN ONSET AND DEATH 72 hrs 1 yr.
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 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 3-20-58 to 3-23-58 and last saw him ^{her} alive on 3-22-58 Death occurred at 11:30 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Dee or life) N. L. Kirk, D.O. I				22b. ADDRESS P.O. Box 26 Knob Noster, Mo		22c. DATE SIGNED 3-24-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE March 26, 1958	23c. NAME OF CEMETERY OR CREMATORY Knob Noster, Mo. Cem.		23d. LOCATION (City, town, or county) (State) Knob Noster, Missouri		
24. FUNERAL DIRECTOR ADDRESS The Brauningers, Warrensburg, Mo.			25. DATE RECD. BY LOCAL REG. 3/25/58		26. REGISTRAR'S SIGNATURE Erma L Beatty		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Robert G. McDonald*.....

Licensed Embalmer No. *48*.....

P. O. Address *Warrens*.....

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.