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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-020783
STATE FILE NUMBER

FILED JUN 27 1958 Registration District No. 2 Primary Registration District No. 4009 Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY Andrew
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Savannah — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 406 S. 6th — Length of stay in lb 4 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Andrew
c. CITY OR TOWN Savannah 00200 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 406 S. 6th — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Mabel Middle Mae Last Rucker
4. DATE OF DEATH Month June Day 16 Year 1958
5. SEX Female
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Nov 30 1883
9. AGE (In years last birthday) 74 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Housework
11. BIRTHPLACE (City and state or country) DeMoines, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Charles W. ALBURN
13b. MOTHER'S MAIDEN NAME Amanda Streeter
14. NAME OF HUSBAND OR WIFE Early D. Rucker
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT John B. Rucker Address Savannah, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardio-Vascular Renal Disease. — INTERVAL BETWEEN ONSET AND DEATH 10 years.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) + Auricular Fibrillation — 2 months
DUE TO (c) 442 X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Myotropic Lateral Sclerosis 10 years.
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 1946 to 1958 and last saw her alive on June 3, 1958
Death occurred at 1:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Gilbert B. Kelley M.O.
22b. ADDRESS Savannah, Mo.
22c. DATE SIGNED 6-16-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-17-58
23c. NAME OF CEMETERY OR CREMATORY Savannah City Cem.
23d. LOCATION (City, town, or county) (State) Savannah, Mo.

24. FUNERAL DIRECTOR Wm A Rich ADDRESS Savannah, Mo.
25. DATE RECD. BY LOCAL REG. 6-23-58
26. REGISTRAR'S SIGNATURE Lillian Sparks

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Wm A Rich

Licensed Embalmer No. 4278

P. O. Address Savannah, G

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.