Health, & Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-022274
STATE FILE NUMBER

FILED JUL 1 1958 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 307

1. PLACE OF DEATH a. COUNTY JASPER	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN JOPLIN — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 207 N. BYERS AVE — Length of stay in Ib 54 YRS	d. STREET ADDRESS (If outside, give location) 207 N. BYERS AVE — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print)	First M.	Middle OTTO	Last RUHL	4. DATE OF DEATH	Month JUNE	Day 21	Year 1958	
5. SEX M	6. COLOR OR RACE W	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH FEB. 8, 1881	9. AGE (In years last birthday) 77	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) MINING ENGINEER	10b. KIND OF BUSINESS OR INDUSTRY MINING	11. BIRTHPLACE (City and state or country) REPUBLIC, MO.	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME WILLIAM RUHL	13b. MOTHER'S MAIDEN NAME MARTHA WHITTEN	14. NAME OF HUSBAND OR WIFE EFFIE STERRETT RUHL
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. UNK	17. INFORMANT MRS. EFFIE S. RUHL, Address 207 N. BYERS AVE.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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) Arterio Sclerotic Heart Disease - Myocardial Infarction. — INTERVAL BETWEEN ONSET AND DEATH 3 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 4200

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 [ ] NO [ ]

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 6-21-58, to 6-21-58 and last saw her/him alive on 6-21-58. Death occurred at 11:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [illegible] (Degree or title)	22b. ADDRESS Medical Arts Bldg - Joplin Mo	22c. DATE SIGNED 6-24-58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6-24-58	23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK,	23d. LOCATION (City, town, or county) JOPLIN, (State) MISSOURI

24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.	25. DATE RECD. BY LOCAL REG. 6-25-1958	26. REGISTRAR'S SIGNATURE Dovie Merriano

(Licensed Embalmer's Statement on Reverse Side)

JUL 9 1958

Jasper County
County File Number 58-6-5
Date Filed JUN 30 1958

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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