

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026343

STATE FILE NUMBER

FILED AUG 6 1958

Registration District No. 236

Primary Registration District No. 5817

Registrar's No. 56

4. 300
5. 1-57

1. PLACE OF DEATH a. COUNTY Morgan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Morgan			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mill Creek				c. CITY OR TOWN Syracuse			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 Miles S. Syracuse				Length of stay in 1b Life			
3. NAME OF DECEASED (Type or print) First Herman Middle Chris Last Rugen				4. DATE OF DEATH July, 25th, 1958			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> ; DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June, 6th, 1880	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Morgan County, Missouri		9. AGE (In years last birthday) 78	
13a. FATHER'S NAME Henry Rugen				13b. MOTHER'S MAIDEN NAME Gachen Hoehn		14. NAME OF HUSBAND OR WIFE Lillie Rugen	
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. Don't know		17. INFORMANT Lillie Rugen (wife) Syracuse, 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) Myocardial Insufficiency - Decompensated Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) The toxic Cassin's of Stomach DUE TO (c) 151X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							
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 5:05 A.M. Month, Day, Year July 23, 1958				20d. INJURY OCCURRED WHILE AT <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 Smithton, Missouri			
21. I attended the deceased from Jan 12, 1952 to July 23-58 and last saw him alive on July 23, 1958 Death occurred at 5:05 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE P. F. Luckert D.D. 2			
22b. ADDRESS Tipston, Mo				22c. DATE SIGNED 7-26-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July, 27, 1958		23c. NAME OF CEMETERY OR CREMATORY Smithton Cemetery		23d. LOCATION (City, town, or county) (State) Smithton, Missouri	
24. FUNERAL DIRECTOR James E. Richards				25. DATE RECD. BY LOCAL REG. 7-28-58		26. REGISTRAR'S SIGNATURE J. L. Vash	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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

Jessie E. Richardson

Licensed Embalmer No. *3466*

P. O. Address *Leptown*

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.