

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026521
STATE FILE NUMBER

FILED JUL 16 1958

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. 106

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LOUISIANA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN R.F.D. LOUISIANA MO 0820
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PIKE Co. HOSPITAL		Length of stay in 1b 4 MONTHS	d. STREET ADDRESS (If outside, give location) RFD 1 LOUISIANA
3. NAME OF DECEASED (Type or print) First Middle Last ALBERT WEIR RUFFIN			4. DATE OF DEATH Month Day Year JULY 5 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 JULY 9 1868
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY RETIRED FARMER	11. BIRTHPLACE (City and state or country) PIKE Co., Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME LEMUEL RUFFIN	13b. MOTHER'S MAIDEN NAME MARY CARROLL
14. NAME OF HUSBAND OR WIFE EMMA RUFFIN		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 MRS. ALBERT RUFFIN		Address	
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) Arteriosclerotic hypertensive cardio-vascular renal disease. DUE TO (c) 442X			INTERVAL BETWEEN ONSET AND DEATH
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"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 3/26/58 to 7/5/58 and last saw ^{him} her alive on 7/4/58 Death occurred at 4:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Chas H. Lowmiller (Degree or title) M.D.		22b. ADDRESS Louisiana, Missouri	22c. DATE SIGNED 7/5/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 7/7/58	23c. NAME OF CEMETERY OR CREMATORY BUFFALO CEMETERY	23d. LOCATION (City, town, or county) (State) PIKE Co. MISSOURI
24. FUNERAL DIRECTOR STERNE FUNERAL Home, Louisiana Mo.		25. DATE RECD. BY LOCAL REG. JULY 7-1958	26. REGISTRAR'S SIGNATURE Bernice Collier

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

doctor, coroner, etc., must use any 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 *Virginia Steen Esterbrook*

Licensed Embalmer No. *4645*

P. O. Address *Louisiana, 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.