

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026572

STATE FILE NUMBER

FILED AUG 11 1958

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 125

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois.</b> b. COUNTY <b>Cook</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Waynesville, Missouri</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Chicago, Ill</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Waynesville Gen. Hosp 4</b> Length of stay in 1b <b>4</b>		d. STREET ADDRESS (If outside, give location) <b>Mrs. 4318 W. Madison.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Ruben..</b> Middle <b>(unknown.)</b> Last <b>Ruiz.</b>			4. DATE OF DEATH Month <b>Aug.</b> Day <b>2,</b> Year <b>1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White.</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Unknown. 1905</b>
9. AGE (In years last birthday) <b>53</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer, Stripper.</b>	11. BIRTHPLACE (City and state or country) <b>Tanhuato, Mich. Mexico.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>Celso Ruiz.</b>	
13b. MOTHER'S MAIDEN NAME <b>Clotilde Amezcua.</b>		14. NAME OF HUSBAND OR WIFE <b>-----</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>335-01-2959</b>	
17. INFORMANT <b>Celso Ruiz.</b> Address <b>4318 W. Madison Chicago Ill.</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Multiple Fractures of skull</b> DUE TO (b) <b>Auto Accident</b> DUE TO (c) _____ 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"/>		INTERVAL BETWEEN ONSET AND DEATH <b>4 hrs</b>	
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 _____ 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 <b>185</b> COUNTY STATE	
21. I attended the deceased from <b>8-2-58</b> to <b>8-2-58</b> and last saw <del>him</del> <b>him</b> alive on <b>8-2-58</b> Death occurred at <b>3:00</b> P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>A. E. Nichols</b> (Degree or title) <b>D.O. 2</b>		22b. ADDRESS <b>Waynesville, Missouri</b>	
22c. DATE SIGNED <b>8/3/58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removed</b>		23b. DATE <b>8/3/58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Guadalajara Cemetery.</b>		23d. LOCATION (City, town, or county) (State) <b>Guadalajara, Mexico.</b>	
24. FUNERAL DIRECTOR <b>Hodges Funeral Home</b> ADDRESS <b>Waynesville, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>8-3-58</b>	
26. REGISTRAR'S SIGNATURE <b>Celia Gale Anderson</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Clarence Prosser* .....

Licensed Embalmer No. *4896* .....

P. O. Address *Waynesville* .....

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.