

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026602
STATE FILE NUMBER

FILED JUL 21 1958 Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 154

1. PLACE OF DEATH a. COUNTY <i>Randolph</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Randolph</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Moberly</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Rural</i> 0880 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Community Hosp.</i>		Length of stay in lb <i>24 hours</i>	d. STREET ADDRESS (If outside, give location) <i>north of Highways, Mo.</i> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>JOEL</i> Middle Last <i>O RUCKER</i>			4. DATE OF DEATH Month <i>July</i> Day <i>6</i> Year <i>1958</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Dec. 11, 1876</i>	9. AGE (In years last birthday) <i>82</i>	IF UNDER 1 YEAR Months <i>6</i> Days <i>25</i> Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer Worker</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farmer</i>	11. BIRTHPLACE (City and state or country) <i>Randolph County</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	

13a. FATHER'S NAME <i>James O. Rucker</i>		13b. MOTHER'S MAIDEN NAME <i>Sarah Smith</i>		14. NAME OF HUSBAND OR WIFE <i>none</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT <i>Dorcas Cave, Heataville, Mo</i> Address	

18. CAUSE OF DEATH (Only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral embolism</i>			INTERVAL BETWEEN ONSET AND DEATH <i>minutes</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>arteriosclerotic heart disease</i>		
	DUE TO (c) <i>Hit by Car</i>		
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 <input checked="" 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 <i>2</i> o.m. <i>7 5 58</i> p.m.					

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Highway 24</i>	20f. CITY, TOWN, OR LOCATION <i>088 Randolph MO.</i>	
21. I attended the deceased from <i>7-5-58</i> to <i>7-6-58</i> and last saw him alive on <i>7-6-58</i> Death occurred at <i>12:02</i> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <i>W. H. McCasnick D.O. 2</i> (Degree omitted)		22b. ADDRESS <i>306 1/2 Road 4, Moberly, Mo.</i>		22c. DATE SIGNED <i>7-6-58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>July 8, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Highway City Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>north of Highways, Mo.</i>	
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24. FUNERAL DIRECTOR <i>H S Roberson Highel</i> ADDRESS		25. DATE RECD. BY LOCAL REG. <i>7-8-58</i>	26. REGISTRAR'S SIGNATURE <i>Leaher Lane</i>	
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(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.

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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 *H S P. Wilson*

Licensed Embalmer No. *3001*

P. O. Address *Higley*

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.