

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
 318 1003

58-047272
 STATE FILE NUMBER
 12777
 Registrar's No.

JAN 28 1959 Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2815 Russell		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 2239 2815 Russell
3. NAME OF DECEASED (Type or print) First Middle Last Vernon Ruffner		4. DATE OF DEATH Month Day Year Dec 31 1958	
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Mar 22 1910
9. AGE (In years last birthday) 48		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) Pipe Fitter		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Allenville Mo 0
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Grover C. Ruffner	
13b. MOTHER'S MAIDEN NAME Nellie Mae Foster		14. NAME OF HUSBAND OR WIFE Mary Ruffner	
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.	17. INFORMANT Address Grover C. Ruffner Fornselt 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) <u>Arterio Sclerotic Heart Disease</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			420.0
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 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 a.m. p.m.			
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		COUNTY	STATE
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Rogsh in [unclear]</i>		22b. ADDRESS 1300 Clark	22c. DATE SIGNED 1/2/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Jan 3, 59	23c. NAME OF CEMETERY OR CREMATORY Valhalla
23d. LOCATION (City, town, or county) Belleville Ill		(State) -	
24. FUNERAL DIRECTOR E. J. Schnur 3125 Lafayette		25. DATE RECD. BY LOCAL REG. JAN 3 59	26. REGISTRAR'S SIGNATURE J. Earl Smith MD (H.T.)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

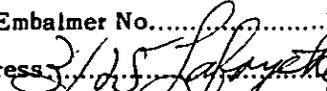
All diseases in Part I must be causally related.

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 
NOT EMBALMED Licensed Embalmer No.

P. O. Address 

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.