

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016497
STATE FILE NUMBER

FILED APR 27 1959

Registration District No. 352 Primary Registration District No. Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <i>Laney</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Laney</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Branson</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Slickens 1070</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Skaggs Hosp.</i>		Length of stay in lb <i>5 days</i>	d. STREET ADDRESS (If outside, give location) <i>Slickens</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Otis Baldwin Ruetter</i>			4. DATE OF DEATH Month Day Year <i>April 20, 1959</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept. 2, 1884</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Carpenter</i>	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <i>74</i> Months <i>7</i> Days <i>18</i> Hours <i></i> Min. <i></i>
11a. FATHER'S NAME <i>Herman Ruetter</i>		11b. MOTHER'S MAIDEN NAME <i>Rebecca Bradshaw</i>	12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
13. NAME OF HUSBAND OR WIFE <i>Beaulie Ruetter</i>		14. NAME OF HUSBAND OR WIFE <i>Beaulie Ruetter</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO none</i>		16. SOCIAL SECURITY NO. <i>500-10-3049</i>	17. INFORMANT Address <i>Mrs Beaulie Ruetter Slickens, Mo</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral thrombosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2 hrs.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Osteoarthritis of the spine</i>			<i>5 yrs</i>
DUE TO (c) <i>Generalized arteriosclerosis</i>			<i>5 yrs</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)			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.) <i>4200</i>	
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 <i>April 15th 59</i> to <i>April 20th 59</i> and last saw her alive on <i>April 20th 1959</i>		Death occurred at <i>5:00 a.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS <i>Fayette, Mo</i>	22c. DATE SIGNED <i>4/22/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>4-22-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Slickens Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Slickens Mo</i>
24. FUNERAL DIRECTOR <i>[Signature]</i> ADDRESS <i>Fayette Mo</i>		25. DATE RECD. BY LOCAL REG. <i>4-25-59</i>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

300
-57

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 *Walter L. Cobb*

Licensed Embalmer No. *4721*

P. O. Address *Fountain*

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.