

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED MAR 24 1961

-61-012398

STATE FILE NUMBER

AMENDED

Registration District No. 374

Primary Registration District No. 4547

Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Worth County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Grant City		c. CITY OR TOWN Grant City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bound Street		d. STREET ADDRESS (If outside, give location) Bound Street	
3. NAME OF DECEASED (Type or print) Cecil Albert Ruckman		4. DATE OF DEATH Month March Day 8 Year 1961	
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 March 8 1906
9. AGE (last birthday) 54		10. IF UNDER 1 YEAR Months 23 Days 23 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) trucker		10b. KIND OF BUSINESS OR INDUSTRY trucker	
11. BIRTHPLACE (City and state or country) Worth County		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME David Elwood Ruckman		13b. MOTHER'S MAIDEN NAME Dora Bell Endsley	
14. NAME OF HUSBAND OR WIFE Emil Ruckman		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World war 2	
16. SOCIAL SECURITY NO. 49I-30-9857		17. INFORMANT Mrs Emil Ruckman Grant City Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction DUE TO (b) Coronary Artery disease DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 10min 1month	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 a.m. p.m. 	Month, Day, Year 		
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 Grant City Mo	
21. I attended the deceased from 2-2-61 , to 3-8-61 and last saw her him alive on 3-6-61 Death occurred at 1:30a m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. ADDRESS Grant City Mo	
22b. SIGNATURE Frank B Matteson M D		22c. DATE SIGNED 3-9-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE March 9 1961	23c. NAME OF CEMETERY OR CREMATORY Kirk Cemetery	23d. LOCATION (City, town, or county) (State) Allendale Missouri
24. FUNERAL DIRECTOR John Andrews	25. DATE RECD. BY LOCAL REG. March 21 1961	26. REGISTRAR'S SIGNATURE Keta E. Dawson	

(Licensed Embalmer's Statement on Reverse Side)

MAY 11 1961

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 John Andrews, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John Andrews
Licensed Embalmer No. 4211

P. O. Address Grant City, 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.