

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-014248

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 159 Primary Registration District No. 4249 Registrar's No. 14

AMENDED

FILED MAY 5 1961

1. PLACE OF DEATH
a. COUNTY **JEFFERSON**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **MISSOURI** COUNTY **JEFFERSON**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **HILLSBORO** Length of stay in 1b **6 YEARS**

c. CITY OR TOWN **HILLSBORO Rt#2** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **CEDAR GROVE NURSING HOME** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **HILLSBORO Rt.#2** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **OTTILIA** Middle **RUENGERT** Last **RUENGERT**

4. DATE OF DEATH Month **APRIL** Day **19** Year **1961**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH **OCT. 16, 1860** 9. AGE (last birthday) **101** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **AT HOME** 10b. KIND OF BUSINESS OR INDUSTRY **AT HOME** 11. BIRTHPLACE (City and state or country) **GERMANY** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **UNKNOWN** 13b. MOTHER'S MAIDEN NAME **UNKNOWN** 14. NAME OF HUSBAND OR WIFE **JULIUS RUENGERT**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) **NO** | **NONE** 16. SOCIAL SECURITY NO. **NONE** 17. INFORMANT **WILLIAM RUENGERT BLACKWELL, Mo.** Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Cerebrovascular Accident**
DUE TO (b) _____
DUE TO (c) _____
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 WORK NOT WHILE AT WORK 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 **1956** to **4-19-61** and last saw **her** alive on **4-16-61**
Death occurred at **6:05 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **John W. Drake M.D.** (Degree or title) 22b. ADDRESS **740 S. 4th St. Louis** 22c. DATE SIGNED **4-20-61** (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **4/22/61** 23c. NAME OF CEMETERY OR CREMATORY **Hillsboro** 23d. LOCATION (City, town, or county) **Hillsboro, Missouri** (State)

24. FUNERAL DIRECTOR **Dietrich Funeral Home, DeSoto, Mo.** ADDRESS 25. DATE RECD. BY LOCAL REG. **4/28/61** 26. REGISTRAR'S SIGNATURE **Oliver D. ...**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Donald B. Britton

Licensed Embalmer No. 4104

P. O. Address Delaware, 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.