

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-012748
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1202 Registrar's No. 2457

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

FILED JUN 5 1961

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

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

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **KANSAS CITY,** Length of stay in 1b **4 days**

c. CITY OR TOWN **ROCKVILLE** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **V A HOSPITAL** Inside Limits Yes No

d. STREET ADDRESS **Rural** (If outside, give location) Residence on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
WALTER P RUEHLING **May 17, 1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married
Widowed Divorced 8. DATE OF BIRTH **2-9-96** 9. AGE (last birthday) **65**

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) **Farmer** 10b. KIND OF BUSINESS OR INDUSTRY **Pocahontas, Missouri** 11. BIRTHPLACE (City and state or country) **U.S.A.** 12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME **Frank Ruehling** 13b. MOTHER'S MAIDEN NAME **Minnie Edlinger** 14. NAME OF HUSBAND OR WIFE **Madgelina Ruehling**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **Yes** (If yes, give war or dates of service) **WWI** 16. SOCIAL SECURITY NO. **VA Hospital Official Recds, K.C. Mo** 17. INFORMANT 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) **Aortic stenosis, rheumatic with myocardial failure** 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) _____

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 a.m. p.m. Month, Day, Year

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 **May 13, 1961** to **May 17, 1961** **VA Hospital, Kansas City, Mo.**
Death occurred at **11:20 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **S. H. CHOY, M.D.** 22b. ADDRESS **VA Hospital, Kansas City, Mo.** 22c. DATE SIGNED **5-17-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **May 18, 1961** 23c. NAME OF CEMETERY OR CREMATORY **Zion Lutheran** 23d. LOCATION (City, town, or county) (State) **Rockville Mo.**

24. FUNERAL DIRECTOR ADDRESS **Wagner Funeral Home, K. C. Mo.** 25. DATE RECD. BY LOCAL REG. **5-18-61** 26. REGISTRAR'S SIGNATURE **Ruth Long**

1961
NHP

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 Phillip L. Smith, Student Embalmer No. 622

working under my personal supervision.

Student Phillip L. Smith
Signature of Student Embalmer

Signed Alvin R. Hacensck

Licensed Embalmer No. 4159

P. O. Address Kansas

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.