

MISSOURI DIVISION OF PUBLIC HEALTH AND WELFARE STANDARD CERTIFICATE OF DEATH

=61-017749

AMENDED FILED MAY 20 1961
 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2314 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF HUSBAND

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kennett City</u>		Length of stay in 1b <u>15 yrs</u>		c. CITY OR TOWN <u>Kennett City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) <u>1222 Mc Lee in Care</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1420 E 9</u>		
3. NAME OF DECEASED (Type or print) <u>NORMAN JESSE RUGEN</u>				4. DATE OF DEATH Month <u>5</u> Day <u>9</u> Year <u>1961</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>11-2-1907</u>		
9. AGE (last birthday) <u>53</u>		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) <u>Taxi Driver</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Yellow Cab Co.</u>			11. BIRTHPLACE (City and state or country) <u>Sedalia, Mo</u>		
12. CITIZEN OF WHAT COUNTRY <u>USA</u>			13a. FATHER'S NAME <u>Henry Rugen</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Fagen</u>		14. NAME OF HUSBAND OR WIFE <u>Edith Rugen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW # 2</u>				16. SOCIAL SECURITY NO. <u>Edith Rugen 1420 E 9</u>		17. INFORMANT <u>Edith Rugen 1420 E 9</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>								
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) <u>I had a very C. Heart</u>						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		COUNTY STATE		
21. I attended the deceased from _____ to _____ and last saw her/him 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) <u>Walter A. Owens Coroner</u>				22b. ADDRESS <u>152 Union Station</u>		22c. DATE SIGNED <u>5-10-61</u>		
23a. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cem.</u>		23b. DATE OF BURIAL OR CREMATION, (Specify) <u>5-12-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u>		
24. FUNERAL DIRECTOR <u>Ewing Funeral Home</u>		ADDRESS <u>Sedalia, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>5-10-61</u>		26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>		

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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 *R. L. Passantino*

Licensed Embalmer No. 4554

P. O. Address Kc, 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.