

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-022008

STATE FILE NUMBER

Registration District No. 243 Primary Registration District No. 5831 Registrar's No. 43

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

**FILED JUL 6 1961**

1. PLACE OF DEATH  
 a. COUNTY Newton  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FRANKLIN Length of stay in 1b 8 yrs.  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION His Home Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY Newton  
 c. CITY OR TOWN Fairview Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) R.F.D. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First HENRY Middle Edward Last Ruhl 4. DATE OF DEATH Month June Day 25 Year 1961

5. SEX MALE 6. COLOR OR RACE white 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH Oct 3 - 1879 9. AGE (last birthday) 81 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) (Retired) FARMER. 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Abert, Kansas 12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME HENRY Ruhl 13b. MOTHER'S MAIDEN NAME MARY ULRICH 14. NAME OF HUSBAND OR WIFE Ethel Ruhl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. NONE 17. INFORMANT Clyde Ruhl Address Fairview MO R.F.D.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Myocardial Infarction, acute 6 hrs  
 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 1955 to June 25, 1961 and last saw him alive on June 29, 1961  
 Death occurred at 8:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harold C. Lentz, M.D. 22b. ADDRESS Neosho, MO 22c. DATE SIGNED 6-29-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE June 28-1961 23c. NAME OF CEMETERY OR CREMATORY Rocky Comfort 23d. LOCATION (City, town, or county) (State) Rocky Comfort Mo.

24. FUNERAL DIRECTOR McQueen Funeral Home, Wheaton Mo ADDRESS Wheaton Mo 25. DATE RECD. BY LOCAL REG. 7-2-61 26. REGISTRAR'S SIGNATURE Medred Moberly

**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

*Paul D. Henbest*

Licensed Embalmer No. 4576

P. O. Address Cassville, 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.