

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-022080

STATE FILE NUMBER

AMENDED

Primary Registration District No. 273 Registrar's No. 64

FILED JUN 21 1961

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cinque Hommes</u>		Length of stay in 1b <u>5 Yrs.</u>	c. CITY OR TOWN <u>Perryville</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Perryville, Rtc. 1</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rtc. 1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Velroy</u> Middle <u>A.</u> Last <u>Ruch</u>			4. DATE OF DEATH Month <u>6</u> Day <u>4</u> Year <u>61</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>1-23-33</u>	9. AGE (last birthday) <u>28</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Premier Panels Co.</u>		11. BIRTHPLACE (City and state or country) <u>Cape Girardeau Co. U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Ruch</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Riehl</u>		14. NAME OF HUSBAND OR WIFE <u>Clementine Ruch</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Korean</u>			17. INFORMANT <u>Mrs. Clementine Ruch, Perryville, R. 1</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) DECAPITATION

DUE TO (b) GUN SHOT-WOUND OF HEAD

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 <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.) <u>12 gauge SHOT GUN</u>
20c. TIME OF INJURY Hour <u>7:30</u> a.m. p.m. Month, Day, Year <u>6-4-61</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home R#1 Perryville Mo</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>Perryville</u>	COUNTY <u>Mo</u> STATE <u>Mo</u>

21. I attended the deceased from 7:30 P 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 <u>C M Needman</u> (Degree or title)	22b. ADDRESS <u>Perryville Mo</u>	22c. DATE SIGNED <u>6-7-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-7-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Cemetery</u>
24. FUNERAL DIRECTOR <u>Young &amp; Sons</u> ADDRESS <u>Perryville Mo</u>		23d. LOCATION (City, town, or county) <u>Highland, Mo.</u>

25. DATE RECD. BY LOCAL REG. <u>6/7/61</u>	26. REGISTRAR'S SIGNATURE <u>Josef Zellner</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 18 1961

JUN 22 1961

MAR 27 1962

**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: *Edward W. [unclear]*

Licensed Embalmer No. 2138

P. O. Address *Perryville, Md.*

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.