

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041582

AMENDED

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

Registration District No. 172 Primary Registration District No. 3094 Registrar's No. 86 STATE FILE NUMBER

FILED DEC 14 1961

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Davis Township</u>		c. CITY OR TOWN <u>Corder</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Farm - Geo. Kaeding 2 mi. North Of Higginsville</u>		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Max</u> Middle <u>ALVIN</u> Last <u>RUARK</u>		4. DATE OF DEATH Month <u>11</u> - Day <u>26</u> - Year <u>61</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>9-18-36</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Trailer Mfg.</u>	9. AGE (last birthday) <u>25</u>
11. BIRTHPLACE (City and state or country) <u>Osceola, Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Frank A. Ruark</u>		13b. MOTHER'S MAIDEN NAME <u>Sylvia M. Way</u>	14. NAME OF HUSBAND OR WIFE <u>Erma Summers Ruark</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Mrs. Sylvia Ruark</u>		Address <u>Liberty, Mo.</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) <u>Accidental gunshot wound lower at chest</u> DUE TO (b) <u>Shot in back</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Internal hemorrhage</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 checked="" 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>Hunting accident 22 Capeville</u>	
20c. TIME OF INJURY Hour <u>8:30</u> a.m. <u>p.m.</u> Month, Day, Year <u>Nov-26-61</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Geo. Kaeding farm 2 mi. north Higginsville Lafayette Mo</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Lafayette Mo</u>	
21. I attended the deceased from <u>after death</u> to <u>2:00 p.m.</u> and last saw him alive on <u>Nov 26 1961</u>			
22a. SIGNATURE (Degree or title) <u>Forrest A. Hoefler</u>		22b. ADDRESS <u>Osceola Mo</u>	22c. DATE SIGNED <u>11-26-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-2-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Missouri City</u>	23d. LOCATION (City, town, or county) (State) <u>Missouri City, Missouri</u>
24. FUNERAL DIRECTOR <u>Forrest A. Hoefler Higginsville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Dec: 9. 1961</u>	26. REGISTRAR'S SIGNATURE <u>Lutie Gordon Jordan</u>

DEC 18 1961

MAR 8 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 Forest R. Hooper

Licensed Embalmer No. 4801

P. O. Address Higginsville, 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.