

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-041510

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB **AMENDED**

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 258

VS 300 Rev. 4/59
 10047
 20700
 3
 4 1
 5 2
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 7 0
 8 2
 9 42X
 10
 11
 12 1-0
 13 2-0
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 BY AFFIDAVIT OF
 G.P. Kallenbach M.D.

FILED NOV 27 1962	
1. PLACE OF DEATH a. COUNTY Audrain b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico Missouri Length of stay in 1b 8 weeks c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo COUNTY Montgomery c. CITY OR TOWN Montgomery City Mo Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First Middle Last Frieda B. Ruwart	
4. DATE OF DEATH Month Day Year Nov 18th 1962	
5. SEX Female	6. COLOR OR RACE White
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-16-1880
9. AGE (last birthday) 82	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) Home	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Jefferson City Mo	12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME XXXXX Tellman	13b. MOTHER'S MAIDEN NAME un known
14. NAME OF HUSBAND OR WIFE Henry Ruwart "Dead"	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	17. INFORMANT Address John H. Berkholtz St Louis Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary arteriosclerosis DUE TO (b) Coronary Arteriosclerosis 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) Chronic Bronchitis 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 INTERVAL BETWEEN ONSET AND DEATH 3 days 2 yrs	
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 Month, Day, Year a.m. p.m.	
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 1-31-57 to 11-17-62 and last saw her ^{when} alive on 11-18-62 Death occurred at 8:50 am on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) J.P. Kallenbach M.D.	22b. ADDRESS Mexico, Mo
22c. DATE SIGNED 11-19-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-20-62
23c. NAME OF CEMETERY St Marys	23d. LOCATION (City, town, or county) (State) Montgomery City Mo
24. FUNERAL DIRECTOR Christophers ADDRESS Montgomery City Mo	25. DATE RECD. BY LOCAL REG. Nov 18-1962
26. REGISTRAR'S SIGNATURE Blanche Neely	

Permit obtained
11/18/62

DEC 19 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,

~~xxx~~ on the 18 th day of Nov 1962, Student Embalmer No. _____

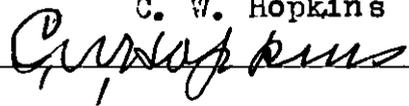
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

C. W. Hopkins



Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.