

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-041728

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. _____ Registrar's No. 1337

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 5110
2 25110

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95271

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12 86-0

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

FILED DEC 5 1962	
1. PLACE OF DEATH a. COUNTY Buchanan	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DeKalb,	Length of stay in 1b 60yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DeKalbs Old Folks Home	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. STREET ADDRESS (If outside, give location) XX	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Harve Ruble	
4. DATE OF DEATH Month Nov. Day 22, Year 1962	
5. SEX Male	6. COLOR OR RACE White
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb. 13, 1885
9. AGE (last birthday) 77	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Re. Farmer,	10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and state or country) Ervin Kentucky	12. CITIZEN OF WHAT COUNTRY U.S.A
13a. FATHER'S NAME Richard Ruble	13b. MOTHER'S MAIDEN NAME Susan Walton
14. NAME OF HUSBAND OR WIFE Edith Ruble,	
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 Homer. E Horn, DeKalb, 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) Acute Congestive Heart Failure	
DUE TO (b) Cor Pulmonale	
DUE TO (c) Emphysema	
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. <input type="checkbox"/> Yes <input checked="" 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 <u>3/15/57</u> to <u>11/22/62</u> and last saw her/him alive on <u>11/10/62</u> Death occurred at <u>11:15A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <i>Marion E. Waggoner M.D.</i>	22b. ADDRESS 301 Illinois Ave St. Joseph, Missouri
22c. DATE SIGNED 11/25/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/25/62
23c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery	23d. LOCATION (City, town, or county) (State) DeKalb, Mo
24. FUNERAL DIRECTOR <i>John D. Kopp</i>	25. DATE RECD. BY LOCAL REG. Dec. 3, 1962
26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Goodell</i>	

DOCUMENT

CERTIFICATION

BY AFFIDAVIT OF

S.F. Waggoner, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

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 John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.