

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041919

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 33 Primary Registration District No. 4083 Registrar's No. 143

FILED NOV 20 1962

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Carroll.</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Dewitt</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>		c. CITY OR TOWN <u>Dewitt Missouri</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dewitt Missouri</u>		Length of stay in 1b		d. STREET ADDRESS (If outside, give location)		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		First <u>William</u> Middle <u>Albert</u> Last <u>Rucker</u>		4. DATE OF DEATH		Month <u>11</u> Day <u>6</u> Year <u>1962</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>10-8-1881</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, given if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		9. AGE (last birthday) <u>81</u>		11. BIRTHPLACE (City and state or country) <u>Carrollton Mo</u>	
13a. FATHER'S NAME <u>John Rucker</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Mc Cart</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		14. NAME OF HUSBAND OR WIFE <u>Marie Aualla</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT <u>John Rucker</u>		Address <u>Dewitt Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>here had farmer rage</u>						<u>18 hrs.</u>	
DUE TO (b) <u>#3. Probably due to</u>							
DUE TO (c) <u>hypertension</u>							
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 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 <u></u> a.m. <u></u> p.m. <u></u>		Month, Day, Year <u></u>			
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>Nov. 6/1962</u> to <u>Nov 6 1962</u> and last saw him alive on <u>Nov. 6, 1962</u> Death occurred at <u>10:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Date or title) <u>P. Hamilton Stator</u>				22b. ADDRESS <u>Carrollton, Mo.</u>		22c. DATE SIGNED <u>Nov 6 1962</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-8-62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Evergreen cemetery</u>		23d. LOCATION (City, town, or county) <u>Dewitt Mo.</u>	
24. FUNERAL DIRECTOR <u>Marshall F. Home</u>				ADDRESS <u>Carrollton Mo</u>		25. DATE RECD. BY LOCAL REG. <u>11-11-62</u>	
				26. REGISTRAR'S SIGNATURE <u>Ann Calcutt Hill</u>		MORSE	

USE BLACK INK OR TYPEWRITER RIBBON

SEP 10 1963

**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 R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton 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.