

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

32715

State File No. _____

FILED OCT 13 1953

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 244

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Randolph</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Monroe</u>
c. LENGTH OF STAY (in this place) <u>7 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Madison</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>0690 1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Cora</u>	b. (Middle) <u>Belle</u>	c. (Last) <u>Ruff</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 27, 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>11/18/1873</u>	9. AGE (in years last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 WKS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Richard Moore</u>	13b. MOTHER'S MAIDEN NAME <u>Marionne Melton</u>	14. NAME OF HUSBAND OR WIFE <u>George W. Ruff</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/> Yes	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>[Signature]</u>	ADDRESS <u>[Address]</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 day</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage of cerebral artery of brain</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept 10, 1953, to Sept 27, 1953, that I last saw the deceased alive on Sept 27, 1953, and that death occurred at 11 00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Caroline Clark M.D.</u>	(Degree or title) 23b. ADDRESS <u>Moberly, Mo</u>	23c. DATE SIGNED <u>Sept 28, 1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Oct 16, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Monroe Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Madison, Mo</u>
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DATE REC'D BY LOCAL REG. <u>9/29/53</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Madison, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed *Angela Kasher*

Licensed Embalmer No. 3944

P. O. Address *Bonville, 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 this body is not embalmed, fact should be so stated above.