

FILED APR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11304

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6225</u>		Registrar's No. <u>60</u>		
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Washington Twp.</u>		c. LENGTH OF STAY (in this place) <u>4-6-20.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>June City</u>		60 0 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 3. J</u>				d. STREET ADDRESS (If rural, give location) <u>Rural.</u> 1 0				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edgar</u> b. (Middle) <u>Rutnam</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>3-22-1949.</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>missouri</u>		
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>McDonald</u>	
13a. FATHER'S NAME <u>Levi Rutnam</u>			13b. MOTHER'S MAIDEN NAME <u>Bert Kraw.</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>State Hospital records, rural</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH <u>17yr +</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4.2.00</u>								
19a. DATE OF OPERATION <u>none</u>			19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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) _____				
21d. TIME OF INJURY (Month) (Year) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>6-1-1946</u> , to <u>3-22-1949</u> , that I last saw the deceased alive on <u>3-22-1949</u> , and that death occurred at <u>8:35 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>J.R. Bunch M.D.</u> (Degree or title) _____				23b. ADDRESS <u>State Hospital # 3</u>		23c. DATE SIGNED <u>3-22-49.</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-24-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hospital Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Nevada, Mo</u>		
DATE REC'D BY LOCAL REG. <u>Mar. 28, 49</u>		REGISTRAR'S SIGNATURE <u>331</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Marsh. C. Reheiser Nevada, Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

108000

RECEIVED

District Health Officer No. 7;

District File Number 3-49-225

Date Filed 4-4-49

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 Mark E. Eslinger

Licensed Embalmer No. 2656

P. O. Address Merada, 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.