

FILED NOV 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36517

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 369

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

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Osage</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Fulton</u> c. LENGTH OF STAY (In this place) <u>2</u> <u>5</u> <u>Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fayette</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 1</u>		d. STREET ADDRESS (If rural, give location) <u>602 Watts Ave</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>J.</u>	b. (Middle) <u>A.</u>	c. (Last) <u>Rutledge</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov.</u> <u>6</u> <u>1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-20-1877</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>20</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad Road Master</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Osage Co Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Andrew Rutledge</u>	13b. MOTHER'S MAIDEN NAME <u>D. K.</u>	14. NAME OF HUSBAND OR WIFE <u>Martha Rutledge</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) <u>Unknown</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Martha Rutledge</u> ADDRESS <u>602 Watts Fayette, Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>D. K.</u> <u>157X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Exudative Carcinoma of pancreas</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>Exudative Bronchitis</u> DUE TO (c) <u>Bronchial Pneumonia</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>11-6-1949</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of pancreas</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____	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 10-31-49, 19 , to 11-6-49, 19 , that I last saw the deceased alive on 11-5-49, 19 , and that death occurred at 3:45A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. E. Miller M.D.</u>	23b. ADDRESS <u>State Hospital Fulton, Mo</u>	23c. DATE SIGNED <u>11-6-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 8, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fayette Mo</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 6-1949</u>	REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Calph P. Carr</u> ADDRESS <u>Fayette, Mo</u>
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District File Number.....

District Health Officer No. 9,

RECEIVED
NOV 15 1949

NOV 21 1949

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Marshall C. Blackwell

Signed.....
Student Embalmer

Licensed Embalmer No. 4713

P. O. Address Fayette, 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.