

FILED DEC 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41858**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **3047** Registrar's No. **107**

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>	
b. CITY OR TOWN <b>Neosho</b>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>710 PARK ST.</b>		c. CITY OR TOWN <b>Neosho</b>	
		d. STREET ADDRESS (If rural, give location) <b>710 PARK ST.</b>	
3. NAME OF DECEASED a. (First) <b>CHARLES</b>		b. (Middle) <b>T.</b>	
		c. (Last) <b>Rudd</b>	
		4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 6. 1949</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>12-22-1884</b>	
9. AGE (In years last birthday) <b>64</b>		10. IF UNDER 1 YEAR (Months) <b>11</b>	
11. IF UNDER 24 HRS. (Hours) (Min.)		11. BIRTHPLACE (State or foreign country) <b>HOWELL COUNTY MISSOURI</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SECTION FOREMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FRISCO RAILWAY</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>JAMES Rudd</b>	
13b. MOTHER'S MAIDEN NAME <b>DELPHINE HILL</b>		14. NAME OF HUSBAND OR WIFE <b>MILDRED RUDD</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO NONE</b>		16. SOCIAL SECURITY NO. <b>702-09-7553</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Calvin Rudd, Joplin Missouri</b>		ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Heart Disease</b>	
		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
		DUE TO (b) _____	
		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"/>			
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) (Day) (Year) (Hour)		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 <b>Nov 29, 1949</b> , to <b>Dec 6, 1949</b> , that I last saw the deceased alive on <b>12-5-1949</b> , and that death occurred at <b>4:30 a. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Paul C. Davis, M.D.</b>		23b. ADDRESS <b>Neosho Mo</b>	
		23c. DATE SIGNED <b>12/8/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>12-11-1949</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>SENECA</b>		24d. LOCATION (City, town, or county) (State) <b>SENECA MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>Dec. 8, 1949</b>		REGISTRAR'S SIGNATURE <b>Melvin C. Bonman</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Orley Thompson</b>		ADDRESS <b>Neosho Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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**RECEIVED**

District Health Officer No. NEWTON Co. HEALTH DEPT.  
District File Number 1249-228  
Date Filed DEC 15 1949

DEC 30 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed R. Kenneth Patterson

Licensed Embalmer No. 4697

P. O. Address Nesque, Pa.

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.