

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 3037 Registrar's No. 327

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lawrence</u>	
b. CITY OR TOWN <u>Mt Vernon Mo</u>		c. CITY OR TOWN <u>Mt Vernon Mo</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>055 A</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>X</u>			

3. NAME OF DECEASED (Type or Print) <u>Mrs Josephine Steele Rutherford</u>	a. (First) <u>Josephine</u>	b. (Middle) <u>Steele</u>	c. (Last) <u>Rutherford</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April, 29, 1950.</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>Widowed</u>	8. DATE OF BIRTH <u>Nov. 27 1854</u>	9. AGE (In years last birthday) <u>95</u>	10. IF UNDER 1 YEAR Months <u>5</u> Days <u>27</u>	11. IF UNDER 1 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>At Home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Elliott Steele</u>	13b. MOTHER'S M maiden name <u>Sarah Frances Whitnack</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph</u>
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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'S SIGNATURE (OR NAME) <u>Mrs. A. P. Bartelmyer</u>	ADDRESS <u>Mt Vernon Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ch. Myocarditis +</u>		
	DUE TO (c) <u>Myocardial failure (cardiac decompensation)</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>2/22/2</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10/1 1945 to April 27, 1950, that I last saw the deceased alive on 4/24 1950, and that death occurred at 2:35a m., from the causes and on the date stated above.

22. SIGNATURE <u>Emmett Glover MD</u>	(Degree or title)	23. ADDRESS <u>Mt Vernon Mo</u>	23. DATE SIGNED <u>5/1/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/1/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Leavenworth</u>	24d. LOCATION (City, town, or county) (State) <u>NE. of Sarcoxie Mo</u>
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DATE REC'D BY LOCAL REG. <u>May 2, 1950</u>	REGISTRAR'S SIGNATURE <u>Carl Hendricks</u>	411	25. FUNERAL DIRECTOR'S SIGNATURE <u>George B. Carr</u>	ADDRESS <u>Mt Vernon Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED MAY 3 1950
District Health Office No. 6,
District File Number 550-530
Date Filed 5-3-50

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 George B. Carr.....

Licensed Embalmer No. 946.....

P. O. Address McTernon 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.