

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25760

FILED AUG 15 1950

State File No.

BIRTH NO.		REG. DIST. NO. <u>376</u>		PRIMARY REG. DIST. NO. <u>6107</u>		Registrar's No. <u>160</u>	
1. PLACE OF DEATH a. COUNTY <u>Scotland</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Scotland</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Granger</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Granger</u>		OR TOWN <u>1990</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u>		b. (Middle)		c. (Last) <u>Rude</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 18 1950</u>	
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>Aug. 27-1882</u>	
9. AGE (in years) <u>67</u>		10. UNDER 1 YEAR (Months) <u>0</u>		11. UNDER 12 HRS. (Hours) <u>51</u>		9. AGE (in years) last birthday	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Israel Rude</u>		13b. MOTHER'S MAIDEN NAME <u>Emily Cotton</u>		14. NAME OF husband OR WIFE <u>May Rude</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. May Rude Granger</u> 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) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>45</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>U-20-1</u>				INTERVAL BETWEEN ONSET AND DEATH <u>One hr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>7/18</u> , 19 <u>50</u> , to <u>7/18</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>7/18</u> , 19 <u>50</u> , and that death occurred at <u>9:45</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree of title) <u>L. E. Lowe Do. V.</u>				23b. ADDRESS <u>Memphis TN</u>		23c. DATE SIGNED <u>7/20/50</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 20-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah</u>		24d. LOCATION (City, town, or county) (State) <u>Scotland County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8/11/1950</u>		REGISTRAR'S SIGNATURE <u>PTM Balon</u> <u>409</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leettinger, Leidi, Kaholaka</u> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

300

OCT 4 1950

RECEIVED AUG 7 1950
District Health Officer No. 7
District File Number 8-14-128
Date Filed AUG 14 1950

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 *Arthur L. Suttner*

Signed.....
Student Embalmer

Licensed Embalmer No. *2965*

P. O. Address *Wray*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING; (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.