

No. 300  
10.48

FILED DEC 7 1950

STANDARD CERTIFICATE OF DEATH

State File No. 39563

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 3075 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter	
d. FULL NAME OF HOSPITAL OR INSTITUTION -----		d. STREET ADDRESS (If rural, give location) 301 Rannells Street	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Celestia	b. (Middle) Mabel Henderson	c. (Last) Rudolph	(Month) Nov.	(Day) 13	(Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Oct. 24, 1874	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis County, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME Moses Henderson		13b. MOTHER'S MAIDEN NAME Susan A. Ross	14. NAME OF HUSBAND OR WIFE F. A. Rudolph		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME C. C. Rannells		
				ADDRESS Dexter, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			2 days
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral hemorrhage a year ago DUE TO (c) causing partial hemiplegia			1 year
19a. DATE OF OPERATION none		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 Nov. 12, 1950, to Nov. 13, 1950, that I last saw the deceased alive on Nov. 13, 1950, and that death occurred at 2:20 Pm, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. D. Dickerson MD		23b. ADDRESS Dexter, Mo.		23c. DATE SIGNED Nov. 30-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-14-50		24c. NAME OF CEMETERY OR CREMATORY Valhalla	
				24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	

DATE REC'D BY LOCAL REG. 11-30-50		REGISTRAR'S SIGNATURE Velma D. Gardner		409 25. FUNERAL DIRECTOR'S SIGNATURE Strickland-Rainey	
				ADDRESS Dexter, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

DEC 4 1950

DISTRICT HEALTH OFFICE No. 0

File No. ....

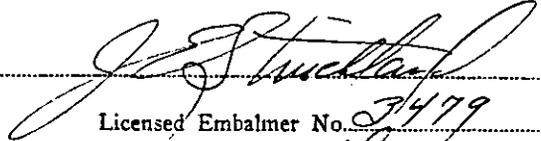
STATEMENT BY LICENSED EMBALMER

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.....  
Student Embalmer

Signed   
Licensed Embalmer No. 3479

P. O. Address Hexter, Md

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.