

FILED SEP 11 1951

THE DIVISION OF HEALTH OF ILLINOIS
 STANDARD CERTIFICATE OF DEATH

State File No. **26330**

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **316**

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Illinois b. COUNTY Alexander	
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) McClure Ill	
c. LENGTH OF STAY (In this place) 5 days		d. STREET ADDRESS (If rural, give location) Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION South East Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Joseph	b. (Middle) Leon	c. (Last) Rudleff	4. DATE OF DEATH (Month) (Day) (Year) Sept 2 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 6 1870	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 5 Days 26	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) St. Genevieve Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME Leon Rudleff	13b. MOTHER'S MAIDEN NAME Ellen Brown	14. NAME OF HUSBAND OR WIFE Deceased
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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) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Leo Rudleff McClure Ill	ADDRESS Ill
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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) Cerebrovascular Accident		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis		
	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 none	19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.) 	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 **17 Aug 1951**, to **2 Sep 1951**, that I last saw the deceased alive on **1 Sep 1951**, and that death occurred at **2:54 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Dress in title) W. O. Healy M.D.	23b. ADDRESS 709 1/2 Franklin Cape	23c. DATE SIGNED 6 Sep 51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 4 1951	24c. NAME OF CEMETERY OR CREMATORY Lindsay	24d. LOCATION (City, town, or county) (State) McClure Ill
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DATE REC'D BY LOCAL REG. 9-6-1951	REGISTRAR'S SIGNATURE C. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE Joe G Howell	ADDRESS Cape Gir Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

SEP 10 1951

DISTRICT HEALTH OFFICE No. 6

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed W. H. Estes

Licensed Embalmer No. 3568

P. O. Address Dep. Lic. No.

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.