

STANDARD CERTIFICATE OF DEATH

FILED FEB 6 1952

State File No. 36

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Independence		c. CITY (If outside corporate limits, write RURAL and give township) Independence 04850	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1821 Sterling		d. STREET ADDRESS (If rural, give location) 1821 Sterling	

3. NAME OF DECEASED (Type or Print) a. (First) Margaret	b. (Middle) Dee	c. (Last) Rutledge	4. DATE OF DEATH (Month) (Day) (Year) January 23, 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 25, 1885	9. AGE (In years) (Last birthday) 66	10. IF UNDER 1 YEAR Months 3	11. IF UNDER 12 HRS. Days 28
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Emory, Texas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Joseph C. Jackson	13b. MOTHER'S MAIDEN NAME Adeline Jackson	14. NAME OF HUSBAND OR WIFE Frank Rutledge, deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. J. R. Muzzy, Indep. Missouri	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Mitral insuff. with decompensation		1 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis		10 years
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS (EMPHATICALLY STATE) Conditions contributing to the death but not related to the disease or condition causing death. Apoplectic stroke		4 yrs	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) Independence, Mo. (COUNTY) Sedalia (STATE) Missouri
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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
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22. I hereby certify that I attended the deceased from Nov 15, 1950, to Jan 23, 1952, that I last saw the deceased alive on Jan 22, 1952, and that death occurred at 4-2 m., from the causes and on the date stated above.

23a. SIGNATURE J. N. Hill, M.D. (Degree or title)	23b. ADDRESS 1438 Hedges Ave, Independence, Mo.	23c. DATE SIGNED 1/26/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jan 28, 1952	24c. NAME OF CEMETERY OR CREMATORY Crown Hill	24d. LOCATION (City, town, or county) (State) Sedalia, Missouri
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DATE REC'D BY LOCAL REG. 1-27-52	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS [Address]
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 4 REC'D

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 Richard P. Francis

Licensed Embalmer No. 4863

P. O. Address Independence, Missouri

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.