S. No. 300
v. 10.48

0740

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

FILED JUN 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17388

BIRTH NO. _____ REG. DIST. NO. 261 PRIMARY REG. DIST. NO. 4871 Registrar's No. 126

1. PLACE OF DEATH
a. COUNTY: Nodaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Elmo Mo.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ford. Hosp Elmo Osteopathic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Iowa
b. COUNTY: Page.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Amity Twn. 8140.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Arvid
b. (Middle): Otto
c. (Last): Rurode

4. DATE OF DEATH (Month) (Day) (Year): Apr 7-1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Febr 14-1919
9. AGE (In years last birthday): 33 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Salesman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Page Co Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Louis Rurode
13b. MOTHER'S MAIDEN NAME: Amelia Soloman
14. NAME OF HUSBAND OR WIFE: Garnet Rurode

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.: 480-34-5315
17. INFORMANT'S SIGNATURE OR NAME: Louis Rurode — ADDRESS: Garnida Ia.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hodgkin's Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 yr + 1 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
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:
19b. MAJOR FINDINGS OF OPERATION: 201X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 17, 1952, *to* April 7, 1952, *that I last saw the deceased alive on* April 7, 1952, *and that death occurred at* 4 50 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harvin Ford D.O.
23b. ADDRESS: Elmo-Mo.
23c. DATE SIGNED: Ap 7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr 9-52
24c. NAME OF CEMETERY OR CREMATORY: Garnida
24d. LOCATION (City, town, or county) (State): Garnida Iowa

DATE REC'D BY LOCAL REG.: 5-8152
REGISTRAR'S SIGNATURE: Bess Hole 229
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Foster-Harmon Garnida Iowa

(Licensed Embalmer's Statement on Reverse Side)

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 R. F. Harmon

Licensed Embalmer No. 1067

P. O. Address Glenwood Iowa

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.