

FILED JUN 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19191

BIRTH NO. _____ REG. DIST. NO. 371 PRIMARY REG. DIST. NO. 6261 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEST BENTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEST BENTON 1120	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) MATILDA b. (Middle) ANN c. (Last) RUTLEDGE			4. DATE OF DEATH (Month) (Day) (Year) 5 7 52			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 10-6-1875	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MISSOURI U		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME SIMEON DALTON		13b. MOTHER'S MAIDEN NAME MARTHA BROWN		14. NAME OF HUSBAND OR WIFE	
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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS WILL DALTON ROGERSVILLE, MO	

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchitis pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity 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	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) (Min.)	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 May 15, 1952, to May 7, 1952, that I last saw the deceased alive on May 6, 1952, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. R. Schultz, M.D.</u>	23b. ADDRESS <u>Ford Rd, Mo.</u>	23c. DATE SIGNED <u>5/2/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-9-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FORDLAND CEMETERY</u>
24d. LOCATION (City, town, or county) (State) <u>FORDLAND MO</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.C. FERRELL ROGERSVILLE, MO</u>	
DATE REC'D BY LOCAL REG. <u>6-2-52</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	

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

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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.....

W. K. FERRELL

Student Embalmer No. 444

working under my personal supervision.

Student W. K. Ferrell

Student Embalmer

Signed K. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Fordland mo.

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.