S. No. 300
EV. 10.48

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

FILED JUN 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21219

State File No.

BIRTH NO. REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5776 Registrar's No. 36

0650
1

1. PLACE OF DEATH
a. COUNTY Mercer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Washington Twp
c. LENGTH OF STAY (In this place) 10yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Mercer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mill Grove, Mo 0650
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print)
a. (First) Gordon
b. (Middle)
c. (Last) Rutledge

4. DATE OF DEATH (Month) (Day) (Year) 6-15-52

5. SEX male 0

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0

8. DATE OF BIRTH 8-24-1887

9. AGE (In years last birthday) 64 | 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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Mercer Co.,Mo 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Frank Rutledge

13b. MOTHER'S MAIDEN NAME Sarah Wright

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. no

17. INFORMANT'S SIGNATURE OR NAME Lige Rutledge **ADDRESS** Princeton,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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) diabetes mellitus — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) primary cancer of left testicle 2 yrs

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 17X

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* 11-18, *19*50, *to* 11-8, *19*51, *that I last saw the deceased alive on* 11-8, *19*51, *and that death occurred at* 9 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE Byron L Cytell (Degree or title) D.O.

23b. ADDRESS Princeton, Missouri

23c. DATE SIGNED 6-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 6-17-52

24c. NAME OF CEMETERY OR CREMATORY Princeton

24d. LOCATION (City, town, or county) (State) Mercer Co., Mo

DATE REC'D BY LOCAL REG. 6-20-52

REGISTRAR'S SIGNATURE Noel Moss 393-4

25. FUNERAL DIRECTOR'S SIGNATURE Noel Moss **ADDRESS** Princeton,Mo

(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 Me

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed [illegible]

Licensed Embalmer No. 2634

P. O. Address Pemaquid Me

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.