

FILED NOV 18 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

alquist 39123  
State File No. 03482

BIRTH NO.		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 482		
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Kansas - b. COUNTY Cherokee				
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. LENGTH OF STAY (If in this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) Baxter Springs		2150		
d. FULL NAME OF HOSPITAL OR INSTITUTION St Johns Hospital				d. STREET ADDRESS (If rural, give location) 529 W 14th				
3. NAME OF DECEASED (Type or Print) a. (First) Lester			b. (Middle) Rudolph		c. (Last) 2		4. DATE OF DEATH (Month) (Day) (Year) 11 - 2 - 52	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov 3 - 1903	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YR. Hours	
10a. USUAL OCCUPATION (Give kind of work usually done (State of occupation if retired)) none		10b. KIND OF BUSINESS OR INDUSTRY lead + zinc mine		11. BIRTHPLACE (State or foreign country) Joplin mo		12. CITIZEN OF WHAT COUNTRY? U.S.A		
13a. FATHER'S NAME James R. Rudolph			13b. MOTHER'S MAIDEN NAME Anna Sexton		14. NAME OF HUSBAND OR WIFE Lena Rudolph			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO. 441-05-4035		17. INFORMANT'S SIGNATURE OR NAME Lena Rudolph				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burns, 2nd + 3rd - 75-90 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Mental sickness DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E979X					INTERVAL BETWEEN ONSET AND DEATH 11 hours	
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) suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Baxter Springs Cherokee Kansas				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11 1 52 7:30		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Ignited himself				
22. I hereby certify that I attended the deceased from 19 11-1, 1952, that I last saw the deceased alive on 11-1-1952, and that death occurred at 7:30 A.M., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) W. Dale Karpis M.D.				23b. ADDRESS Baxter Springs Kansas		23c. DATE SIGNED 11-3-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 11-7-52		24c. NAME OF CEMETERY OR CREMATORY Howell Cemetery		24d. LOCATION (City, town, or county) (State) Howell Kansas		
DATE REC'D BY LOCAL REG. 11-6-52		REGISTRAR'S SIGNATURE Ed S. James		25. FUNERAL DIRECTOR'S SIGNATURE Dance Wene		ADDRESS Baxter Springs Kansas		

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

950

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RECEIVED 11-17-52  
Jasper County Health Office

Certificate File Number 52/11/884

Date Filed 11-17-52

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

Wane Funeral Home

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed James Wane

Licensed Embalmer No. 2880 mo

P. O. Address Baxter Spgs Kas

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.