

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39653

State File No.

FILED NOV 20 1952
BIRTH NO. 70618 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 169

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| 1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hayti</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>0787</u> | |
| c. LENGTH OF STAY (In this place) <u>1 day</u> | | d. STREET ADDRESS (If rural, give location) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pemiscot Memorial Hosp.</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Denis</u> | | b. (Middle) <u>Hall</u> | | c. (Last) <u>Rudd</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 7, 1952</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u> | | 8. DATE OF BIRTH <u>Nov. 7, 1952</u> | | 9. AGE (In years last birthday) <u>0</u> | IF UNDER 1 YEAR Days <u>1</u> | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>X</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>X</u> | | 11. BIRTHPLACE (State or foreign country) <u>Hayti, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |

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|---------------------------------------|--|---|--|--------------------------------------|--|
| 13a. FATHER'S NAME <u>Willis Rudd</u> | | 13b. MOTHER'S MAIDEN NAME <u>Berma L. Scott</u> | | 14. NAME OF HUSBAND OR WIFE <u>X</u> | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>X</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Willis Rudd</u> | | ADDRESS <u>Pascoia, Mo.</u> | |
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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 <u>8 hrs.</u> | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>premature birth</u> | | 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. | | | | | | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>776x</u> | | | | 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) (COUNTY) (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:30P m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Al Shipley M.D.</u> | | 23b. ADDRESS <u>Hayti, Mo.</u> | | 23c. DATE SIGNED <u>11-11-52</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>11-8-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Wardell Memorial</u> | | 24d. LOCATION (City, town, or county) (State) <u>Wardell, Mo.</u> | |
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| DATE REC'D BY LOCAL REG. <u>11-14-52</u> | | REGISTRAR'S SIGNATURE <u>John H. Heroman</u> | | 406-0 | | 25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jimmy Osburn Funeral Home Wardell, Mo.</u> | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

11-341-52

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 77
CARUTHERSVILLE, MO.

NOV 18 1952

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *James A. Debern*

Licensed Embalmer No. *4185*

P. O. Address *Wardell, 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.

