

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10327**

FILED **APR 8 1953**

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5580 Registrar's No. 47

490
3

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

1. PLACE OF DEATH a. COUNTY Jasper .Mo		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Crawford	
b. CITY (If outside corporate limits, write RURAL and give township) Twin Groves	c. LENGTH OF STAY (in this place) 1 day	c. CITY (If outside corporate limits, write RURAL and give township) Girard, Kansas	8150
d. FULL NAME OF HOSPITAL OR INSTITUTION Harlans Tourist Court		d. STREET ADDRESS (If rural, give location) 604 S. Cherokee.	

3. NAME OF DECEASED (Type or Print)		a. (First) Booker		b. (Middle) Gene		c. (Last) Rhudy		4. DATE OF DEATH (Month) (Day) (Year) 3 21 1953	
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3/12/1902/	9. AGE (in years last birthday) 49	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Car Dealer		11. BIRTHPLACE (State or foreign country) Independence, Va. /		12. CITIZEN OF WHAT COUNTRY? U.S. A.	
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13a. FATHER'S NAME Claude Rhudy		13b. MOTHER'S MAIDEN NAME Nannie Copenhaver		14. NAME OF HUSBAND OR WIFE Elma S. Rhudy	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) Yes 1920-1922	16. SOCIAL SECURITY NO. 509-07-1856	17. INFORMANT'S SIGNATURE OR NAME Mrs Elma S. Rhudy		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Respiratory Failure				10 min
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	II. ANTECEDENT CAUSES			30 min
	DUE TO (b) Coronary Occlusion			
	DUE TO (c) Rheumatic Heart Disease			
	III. 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 416 X			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)
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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?
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22. I hereby certify that I attended the deceased from **March 21, 1953**, to **March 21, 1953**, that I last saw the deceased alive on **March 21, 1953**, and that death occurred at **11:50A.m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>J.E. Stiles</i>	(Degree or title) D. O.	23b. ADDRESS Asbury, Missouri	23c. DATE SIGNED 3/21/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/24/53	24c. NAME OF CEMETERY OR CREMATORY Girard Cemetery	24d. LOCATION (City, town, or county) (State) Girard Kansas
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DATE REC'D BY LOCAL REG. 3-23-1953	REGISTRAR'S SIGNATURE <i>Mrs. Madeline Switzer</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Wesley D. Dorsey</i>	ADDRESS Girard Kansas
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MAY 12 1953

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 *Miles Ed Dorsey* _____

Licensed Embalmer No. *3437* _____

P. O. Address *Girard Kansas* _____

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.