

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25500

State File No.

FILED JUL 28 1953

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 2638 Registrar's No.

6540
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bates City - rural</u>	c. LENGTH OF STAY (In this place) <u>15 yrs</u>	c. CITY OR TOWN <u>Bates City</u>	d. Is residence within limits of a city or incorporated town? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 mi South - Snicker Gap</u>		e. STREET ADDRESS (If rural, give location) <u>5 mi South</u> <u>0540</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Arthur</u> c. (Last) <u>Rueddeschell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July-20-1953</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Mar-31-1936</u>	9. AGE (Years) (Months) (Days) (Hours) (Min.) <u>17</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Laborer</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>John A Rueddeschell</u>	13b. MOTHER'S MAIDEN NAME <u>Edna Patterson</u>	14. NAME OF HUSBAND OR WIFE _____
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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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>John Rueddeschell</u>	ADDRESS <u>Bates City 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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushing injury of body + chest sustained when he was caught under an overturned farm tractor</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>DYE TO (b) Body fell July 22-1953, 5:30 AM</u>		
	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 <u>CM operation</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SOURCE <u>Accident Farm</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Bates city Lafayette Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 20-53 P m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Tractor overturned on deceased</u>

22. I hereby certify that I attended the deceased from death on July 22, 1953, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. Martindale Coroner 3</u>	23b. ADDRESS <u>Osama Mo</u>	23c. DATE SIGNED <u>7-22-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July-24-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Concord Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Bates City - RFD. Mo</u>
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DATE REC'D BY LOCAL REG. <u>7-22-53</u>	REGISTRAR'S SIGNATURE <u>Emma Davidson</u>	457-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Webb Funeral Home</u>	ADDRESS <u>Oak Grove Mo</u>
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OCT 21 1954

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.....
Signature of Student Embalmer

Signed..... *R B Webb*

Licensed Embalmer No..... *2353*

P. O. Address *Bluespring*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.