

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 8 - 1953

BIRTH NO. _____ REG. DIST. NO. 191 PRIMARY REG. DIST. NO. 2705 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admittance.) a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) Rural, Monroe Twn.		c. CITY (If outside corporate limits, write RURAL and give township) Rural, Monroe Twn. <u>0590</u>	
c. LENGTH OF STAY (In this place) <u>76 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) Samuel Arlan Rudolph			4. DATE OF DEATH (Month) (Day) (Year) Aug. 29, 1953		
a. (First)	b. (Middle)	c. (Last)			

5. SEX male <u>0</u>	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 26, 1876		9. AGE (In years last birthday) 76yrs	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY Gen. farming		11. BIRTHPLACE (State or foreign country) Ludlow, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
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13a. FATHER'S NAME Hardin Rudolph		13b. MOTHER'S MAIDEN NAME Mary Adams		14. NAME OF HUSBAND OR WIFE Laura Rudolph	
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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) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mrs Laura Rudolph				ADDRESS Ludlow, Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Endocarditis</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.					INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 Dec. 19 1949 to 8-29, 1953, that I last saw the deceased alive on 8-22, 1953 and that death occurred at 9:30 AM from the causes and on the date stated above.

23a. SIGNATURE <u>M. L. Louist</u> D.O.		23b. ADDRESS Chillicothe, Mo		23c. DATE SIGNED 8-31-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-1-53	24c. NAME OF CEMETERY OR CREMATORY Monroe Center Cem.	24d. LOCATION (City, town, or county) (State) Ludlow, Mo	
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DATE REC'D BY LOCAL REG Sept. 2, 1953	REGISTRAR'S SIGNATURE <u>Herbie H. Curing</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mead's Funeral Service</u>	ADDRESS Braymer, Mo
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

No. 300
10-48

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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

Bernard F. Mead

Licensed Embalmer No. 2801

P. O. Address Braymer, 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.