

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43807

State File No.

FILED DEC 10 1953
REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5906 Registrar's No. 9

0140

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

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pemiscot	
b. CITY OR TOWN Rural Little River		c. CITY OR TOWN Pascola	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) Life		e. STREET ADDRESS (If rural, give location) Rural Route 1 0780	
d. FULL NAME OF HOSPITAL OR INSTITUTION R. 1 Pascola, Mo.			
3. NAME OF DECEASED a. (First) Jimmie b. (Middle) Lee c. (Last) Rudd			4. DATE OF DEATH (Month) (Day) (Year) Nov. 30, 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH Nov. 4, 1953
9. AGE (In years last birthday) 0	10. UNDER 1 YEAR 0	11. UNDER 1 MONTH 0	12. UNDER 1 HOUR 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X		10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (City and State or Foreign Country) Hayti, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME James Rudd		13b. MOTHER'S MAIDEN NAME Mary Sharp	14. NAME OF HUSBAND OR WIFE X
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. X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Rudd R. 1 Pascola, Mo.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia INTERVAL BETWEEN ONSET AND DEATH 4 days ANTECEDENT CAUSES DUE TO (b) Premature Baby 7 wks. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Antisepsis in mother & secondary pneumonia DUE TO (c) 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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) 7635	
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?	
22. I hereby certify that I attended the deceased from 11-4-1953 to Nov. 30, 1953, that I last saw the deceased alive on Nov. 27, 1953, and that death occurred at 8:45 A.M. from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. W. German		23b. ADDRESS Hayti, Mo.	23c. DATE SIGNED 12-5-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-30-53	24c. NAME OF CEMETERY OR CREMATORY Wardell Memorial	24d. LOCATION (City, town, or county) (State) Wardell, Mo.
DATE REC'D BY LOCAL REG. 12-9-53	REGISTRAR'S SIGNATURE John W. German	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Osburn Funeral Home, Wardell, Mo.	

• 12-389-53

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ^{not} by me, ~~or by~~ Body was not embalmed....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Jervis A. Osburn*.....
Licensed Embalmer No. 4185.....

P. O. Address *Wardell, Md*.....

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.