

FILED JUN 10 1954

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16819**

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **273** PRIMARY REG. DIST. NO. **3051** Registrar's No. **68**

1. PLACE OF DEATH a. COUNTY <b>Perry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Perry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Perryville, Mo.</b>		c. CITY OR TOWN <b>Longtown</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Perryville Nursing Home</b>		e. STREET ADDRESS (If rural, give location) <b>0790</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Norman</b> b. (Middle) <b>J.</b> c. (Last) <b>Rudisaile</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 29, 1954</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH (In years last birthday) (Month) (Day) (Hour) (Min.) <b>July 1, 1870 83</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <b>Perry County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William Rudisaile</b>		13b. MOTHER'S MAIDEN NAME <b>Harriet Hoffman</b>	
14. NAME OF HUSBAND OR WIFE <b>Carrie E. Reid</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Gilbert Rudisaile</b>		ADDRESS <b>St. Louis, Mo.</b>	
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) <b>Cerebral Apoplexy</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> ANTECEDENT CAUSES DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Chronic Nephritis</b> 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"/>		<b>592X</b>	
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)		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 <b>12-7</b> , 19 <b>53</b> , to <b>5-29</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>5-29</b> , 19 <b>54</b> , and that death occurred at <b>11:4</b> a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>C. M. Weidman, M.D.</b>		23b. ADDRESS <b>Do Permyville</b>	
23c. DATE SIGNED <b>6-1-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 31, 1954</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>York Chapel Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Perry County, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>6-2-54</b>		REGISTRAR'S SIGNATURE <b>250</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Young &amp; Sons</b>		ADDRESS <b>Perryville, Mo.</b>	

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

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 *Wallace Young*.....

Licensed Embalmer No. *402*

P. O. Address *Perryville*

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.