

FILED OCT 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33291

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>4097</u>		Registrar's No. <u>164</u>		
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>				
b. CITY OR TOWN <u>Harrisonville</u>		c. LENGTH OF STAY (In this place) <u>2 1/2</u>		c. CITY OR TOWN <u>Harrisonville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>207 E. Mechanic St</u>				e. STREET ADDRESS (If rural, give location) <u>207 E. Mechanic St</u>				
3. NAME OF DECEASED (Type or Print) <u>JULIA RUTTER Mc COOL</u>			a. (First)			b. (Middle)		
c. (Last)			4. DATE OF DEATH			Month/Day/Year <u>Oct 12 1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Dec 26 1898</u>		
9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Days		IF UNDER 12 MIN. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>Indiana USA</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>William Rutter</u>		13b. MOTHER'S MAIDEN NAME <u>Medora Ann Mendenhall</u>		13c. NAME OF HUSBAND OR WIFE <u>Wm. P. McCool</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs L O Ruge</u> ADDRESS <u>Harrisonville Mo</u>				
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* <u>PERIGANGLIOMA RECTO-PERITONEAL NERVE TISSUE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 mos</u>						
ANTECEDENT CAUSES		DUE TO (b) <u>GENERAL DEBILITY</u>						
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>CARDIAC EXHAUSTION</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				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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		
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 <u>6-1-1954</u> to <u>10-12-1954</u> , that I last saw the deceased alive on <u>10-12-1954</u> , and that death occurred at <u>2:00 p. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>David Long MD</u> (Degree or title)				23b. ADDRESS <u>Harrisonville Mo</u>		23c. DATE SIGNED <u>10-13-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Oct 14-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo</u>		
25. DATE REC'D BY LOCAL REG. <u>Oct 14 1954</u>		REGISTRAR'S SIGNATURE <u>Dora Barwood</u> 457-10		25. FUNERAL DIRECTOR'S SIGNATURE <u>Premmerburgers</u> ADDRESS <u>Harrisonville Mo</u>				

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

9361 62 COPY

NOV 19 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 *James R. Phillips*.....
Licensed Embalmer No. 469

P. O. Address *Harrison*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.