

FILED DEC 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42023

BIRTH NO.		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 276	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Highbee</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>McCormick Hospital</u>				STREET ADDRESS (If rural, give location) <u>D 8801</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Chanley</u> b. (Middle) <u>Elsworth</u> c. (Last) <u>Rutledge</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-13-54</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>8-21-1862</u>	
9. AGE (In years, last birthday) <u>92</u>		10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Thomas Rutledge</u>		14. MOTHER'S MAIDEN NAME <u>Martha B. Morris</u>		15. NAME OF HUSBAND OR WIFE <u>Alice Rutledge</u>	
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>Vergie Rutledge, Moberly 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Paralysis (Encephalomyelitis)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombotic Encephalomyelitis & cerebral hemorrhage</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1-2 hrs</u> <u>3 days</u> <u>unknown</u> <u>unknown</u>	
19a. DATE OF OPERATION <u> </u>		19b. MAJOR FINDINGS OF OPERATION <u> </u>				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) <u>332 X</u>			
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 <u>10-12, 1954</u> , to <u>12-13, 1954</u> , that I last saw the deceased alive on <u>12-13, 1954</u> , and that death occurred at <u>5:55 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Per J. Brohmson D.O.</u>				23b. ADDRESS <u>Highbee Mo</u>		23c. DATE SIGNED <u>12-14-54</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-15-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Methodist Home</u>		24d. LOCATION (City, town, or county) (State) <u>Methodist Home, MO.</u>	
DATE REC'D BY LOCAL REG. <u>12-15-54</u>		REGISTRAR'S SIGNATURE <u>Paul Williams</u>		25. SANITARY DIRECTOR'S SIGNATURE <u>Marion E. Miller</u>		ADDRESS <u>Moberly, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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 *Maria E. Gillies*

Licensed Embalmer No. *395*
P. O. Address *Woburn,*

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.