No. 300
10-48

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

FILED JAN 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41541

State File No.

BIRTH NO. REG. DIST. NO. 267 PRIMARY REG. DIST. NO 5906 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY OR TOWN Rural-Little River
c. LENGTH OF STAY (in this place) 30 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pascola -Rural

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Pemiscot
c. CITY OR TOWN Pascola
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) Pascola

0180

3. NAME OF DECEASED (Type or Print)
a. (First) Harvey
b. (Middle) Lee
c. (Last) Rudd

4. DATE OF DEATH (Month) (Day) (Year) December 20, 1955

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH September 7, '78
9. AGE (In years last birthday) 77
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer--Retired
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and State or Foreign Country) Tiptonville, Tennessee
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jim Rudd
13b. MOTHER'S MAIDEN NAME Josephine Underwood
14. NAME OF HUSBAND OR WIFE Emma Gaskins Rudd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) X
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank Rudd Rt. 3 Kennett, Missouri

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary Pneumonia 2 wks
DUE TO (c) Tuberculosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 002X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1, 1952, *to* Dec. 20, 1955 *that I last saw the deceased alive on* 12-20-1955, *and that death occurred at* 11 A m., *from the causes and on the date stated above.*

23a. SIGNATURE [illegible] (Degree or title) M.D.
23b. ADDRESS Hayti, Mo.
23c. DATE SIGNED 12-21-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 22, 1955
24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
24d. LOCATION (City, town, or county) (State) Hayti, Missouri

DATE REC'D BY LOCAL REG. 12-22-55
REGISTRAR'S SIGNATURE John H. Gurnan 406
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.S.Smith Funeral Home C'ville. Mo.

(Licensed Embalmer's Statement on Reverse Side)

1-5-56

JAN 9 1956

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. Denver Fike

Licensed Embalmer No. 4484

P. O. Address Caruthersvill

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.