

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26302**

FILED SEP 12 1956

BIRTH NO. _____ REG. DIST. NO. **62** PRIMARY REG. DIST. NO. **5239** Registrar's No. **97**

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural, Linn Twp.	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Rural	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 10 Miles S. of Stockton		e. STREET ADDRESS (If rural, give location) 10 Miles S. of Stockton	

3. NAME OF DECEASED (Type or Print) a. (First) HARRY	b. (Middle) FINLEY	c. (Last) RUTLEDGE	4. DATE OF DEATH (Month) (Day) (Year) Sept. 1, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 17, 1888	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 8	IF UNDER 1 YEAR Days 14	IF UNDER 1 YEAR Hours _____	IF UNDER 1 YEAR Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm Operator	11. BIRTHPLACE (City and State or Foreign Country) Stockton, Mo.	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME Elijah T. Rutledge	13b. MOTHER'S MAIDEN NAME Amanda Edge	14. NAME OF HUSBAND OR WIFE
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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. None	17. INFORMANT'S SIGNATURE OR NAME Harry Lee Rutledge, Stockton, Mo.	ADDRESS Stockton, Mo.
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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) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>days</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/>
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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) Stockton, Mo. Cedar County, Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 9-1-56, 1956, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. B. Richter MD</u>	(Degree or title)	23b. ADDRESS <u>Stockton Mo.</u>	23c. DATE SIGNED <u>9-2-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-3-1956	24c. NAME OF CEMETERY OR CREMATORY Gum Springs Cemetery	24d. LOCATION (City, town, or county) (State) Cedar County, Mo.
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DATE REC'D BY LOCAL REG. 9-7-56	REGISTRAR'S SIGNATURE <u>Geneva Garrison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Caution Funeral Home, Stockton, Mo.</u>	ADDRESS Stockton, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

54

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 *John A. Cantlon*.....

Licensed Embalmer No. *438*

P. O. Address *Stockton,*

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.