

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 021716
STATE FILE NUMBER

FILED JUL 8 1957

Registration District No. 283 Primary Registration District No. 3037 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <i>Lawrence</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Lawrence</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Mt Vernon</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Mt Vernon</i> 055 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Home 625 S. West St.</i>		d. STREET ADDRESS (If outside give location) <i>625 S. West St.</i>	
Length of stay in 1b <i>Lifetime</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>Joseph</i> Middle <i>Arthur</i> Last <i>Rutherford</i>			4. DATE OF DEATH Month <i>June</i> Day <i>23</i> Year <i>1957</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Apr-16-1892</i>	9. AGE (In years last birthday) <i>65</i>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Service Station operator</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>		11. BIRTHPLACE (City and state or country) <i>Lawrence Co. Mo</i>	
13. FATHER'S NAME <i>Joe S. Rutherford</i>			14. MOTHER'S MAIDEN NAME <i>Josephine Steele</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Yes W W I</i>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <i>Pearl Rutherford Mt Vernon Mo</i>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary occlusion</i>			INTERVAL BETWEEN ONSET AND DEATH <i>Stat</i> <i>10 yrs</i> <i>7 yrs</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Chronic Myocarditis</i>			
DUE TO (c) <i>And Pulm. Tuberculosis</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>420.1-A</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour <i>7:28</i> Month <i>4</i> Day <i>28</i> Year <i>48</i> a. m. p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. CITY, TOWN, OR LOCATION <i>Mt Vernon Mo</i>	COUNTY	STATE	

21. I attended the deceased from *7/28/55* to *7/2/55* and last saw her alive on *7/2/55*.
Death occurred at *7:28 a. m.* on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) *Berneth Elmer M.D.* 22b. ADDRESS *Mt Vernon Mo* 22c. DATE SIGNED *6/21/57*

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	23b. DATE <i>6-26-57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Cair Springs Cemetery</i>	23d. LOCATION (City, town, or county) <i>Larocrie Mo</i>
24. FUNERAL DIRECTOR ADDRESS <i>Max L. Foutell Mt Vernon Mo</i>	25. DATE RECD. BY LOCAL REG. <i>6-26-57</i>	26. REGISTRAR'S SIGNATURE <i>Pearl Handrick</i>	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

000-56

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 *Max L Foarett*

Licensed Embalmer No. *42*

P. O. Address *Mr. Vein*

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