

Health,
& Welfare
Public
Service

FILED AUG 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27277
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 134

300
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY <u>Ver non</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Marshfield</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital #3</u>		Length of stay in lb <u>7 yrs 6 m. 15 d.</u>	d. STREET ADDRESS (If outside, give location) <u>Route # 3</u>
3. NAME OF DECEASED (Type or print) First <u>Albert</u> Middle <u>H</u> Last <u>Rutherford</u>			4. DATE OF DEATH Month <u>8</u> Day <u>3</u> Year <u>57</u>
5. SEX <u>M.</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>4. 7. 1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>American</u>		13. FATHER'S NAME <u>George K. Rutherford</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Howard</u>		14. NAME OF HUSBAND OR WIFE <u>Maude M. Rutherford</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown No</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT <u>Hospital Records</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized Arteriosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>450.0</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Involuntional Psychotic Reaction</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>none</u>	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>12/31/56</u> to <u>8/3/57</u> and last saw ^{him} alive on <u>8/3/57</u> Death occurred at <u>7:50 p.m.</u> m on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE <u>George Esker M. D.</u>		22b. ADDRESS <u>State Hosp. #3 Nevada</u>	22c. DATE SIGNED <u>8/3/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>8-7-1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>LIBERTY</u>
23d. LOCATION (City, town, or county) <u>WEBSTER CO MO</u>		(State)	
24. FUNERAL DIRECTOR <u>BARBER-EDWARDS, MARSHFIELD, MO</u>		25. DATE RECD. BY LOCAL REG. <u>8-6-1957</u>	26. REGISTRAR'S SIGNATURE <u>Anna B. Perry</u>

(Licensed Embalmer's Statement on Reverse Side)

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 *R. W. Boyle*

Licensed Embalmer No. *389*
P. O. Address: *11th Street*

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.