

FILED OCT 21 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37024

STATE FILE NUMBER

 Registration District No. 301 Primary Registration District No. 6032 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Doniphan Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Doniphan</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1/2 Mi. N. of Doniphan</u>		Length of stay in lb <u>6 years.</u>	d. STREET ADDRESS (If outside, give location) <u>1/2 Mi. N. of Doniphan</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Lessie Mae Rudd.</u>			4. DATE OF DEATH Month Day Year <u>Oct. 1, 1957.</u>		
5. SEX <u>Female.</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>Feb. 6, 1882.</u>	9. AGE (In years last birthday) <u>75.</u>	FUNDER YEAR Months Days Hours Min. --- -- -- --
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife.</u>	11. BIRTHPLACE (City and state or country) <u>Hickman County, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Benton Chappell.</u>		13b. MOTHER'S MAIDEN NAME <u>Mollie Hamilton.</u>		14. NAME OF HUSBAND OR WIFE <u>W. A. Rudd.</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. <u>None.</u>	17. INFORMANT Address <u>J. J. Rudd, Caruthersville, Mo.</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>Cerebral Hemorrhage.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Aug 1-57</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>331X</u>					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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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 <u>Doniphan Ripley Mo.</u>	
21. I attended the deceased from <u>Aug 1-57</u> to <u>Oct 1-57</u> and last saw her alive on <u>Oct 1-57</u> Death occurred at <u>1:15 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>E. J. Ford, M.D.</u>			22b. ADDRESS <u>Doniphan, Mo.</u>		22c. DATE SIGNED <u>Oct. 3, 1957.</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>	23b. DATE <u>Oct. 3, 1957.</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Antioch Cemetery.</u>		23d. LOCATION (City, town, or county) (State) <u>Ripley County, Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Ray Means, Doniphan, Mo. 10-11-1957</u>		25. DATE RECD. BY LOCAL REG. <u>10-11-1957</u>	26. REGISTRAR'S SIGNATURE <u>E. J. Ford</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 *Ray Mearns* .....

Licensed Embalmer No. *3743* .....

P. O. Address *Danipham, N*

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.