

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Health, & Welfare Public Service
FILED DEC 11 1957

Registration District No. 267 Primary Registration District No. 5901 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY OR TOWN <u>West Ingram Ridge</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Hayti</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>Hayti Rt. 1</u>		d. STREET ADDRESS (If outside, give location) <u>Route One</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in lb <u>5 Yrs.</u>			

3. NAME OF DECEASED (Type or print) First Middle Last <u>Bennie Lee Rudd</u>			4. DATE OF DEATH Month Day Year <u>November 28, 1957</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 3, 1952</u>	9. AGE (In years last birthday) <u>5</u> IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Hayti, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Jessie Willard Rudd</u>	13b. MOTHER'S MAIDEN NAME <u>Pearlie Lee Lawrence</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Willard Rudd</u> Address <u>Hayti, Mo. Rt. 1</u>
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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>Burned up in house fire</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9160</u> <u>16</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)		19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) <u>Burned up in house fire</u>
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20c. TIME OF INJURY Hour Month, Day, Year <u>8 AM</u> a.m. <u>11-27-58</u> p.m.

20d. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm Home</u>	20f. CITY, TOWN, OR LOCATION <u>R. 1 Hayti Pemiscot Mo.</u> COUNTY <u>07</u> STATE
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 8 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>James A. Johnson</u> Coroner	22b. ADDRESS <u>Wardell, Mo.</u>	22c. DATE SIGNED <u>11-27-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov. 29, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maple Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Caruthersville, Missouri</u>
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24. FUNERAL DIRECTOR <u>H.S. Smith Funeral Home C'ville. Mo.</u> ADDRESS <u>1222 57</u>	25. DATE RECD. BY LOCAL REG. <u>12-22-57</u>	26. REGISTRAR'S SIGNATURE <u>John H. German</u>
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Securing the medical certificate in the appropriate manner required by 192.020, Missouri Statutes.
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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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12-255-57

DEC 9 - 1957

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 embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision. *This body was not embalmed*

Student _____
Signature of Student Embalmer

Signed *W. Denver Pike*

Licensed Embalmer No. *4484*
P. O. Address *Caruthersville Missouri*

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.