

X  
V.S. No. 300  
Rev. 10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 8 1958

State File No. 43991

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SULLIVAN</b>		c. LENGTH OF STAY (In this place) <b>INSTANT</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Hi-way 66</b>		c. CITY OR TOWN <b>ST. LOUIS</b> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <b>2519A SALENA</b>		22370	

3. NAME OF DECEASED (Type or Print) a. (First) <b>RAYMOND</b>	b. (Middle) <b>RUDDY</b>	c. (Last) <b>KON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 29. 1957</b>
--	--------------------------	----------------------	---

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>FEB. 18, 1937</b>	9. AGE (In years last birthday) <b>20</b>	IF UNDER 1 YEAR Months <b>10</b> Days <b>11</b>	IF UNDER 24 HRS. Hours _____ Mins. _____
--------------------	-------------------------------	---	---------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HAT SPRAYER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>CLOTHING</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	---	--	--

13a. FATHER'S NAME <b>ERNST KON</b>	13b. MOTHER'S MAIDEN NAME <b>HELEN PEEPER</b>	14. NAME OF HUSBAND OR WIFE <b>UNMARRIED</b>
-------------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>496-36542</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. DANIEL FREUND SULLIVAN, MO.</b>	ADDRESS _____
---	--	---	---------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>MULTIPLE INJURIES RESULTING FROM AUTOMOBILE ACCIDENT INCLUDING</b>		INTERVAL BETWEEN ONSET AND DEATH _____
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>FRACTURES OF THE SKULL AND CEREBRAL LACERATION AND CONCUSSION</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? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>ACCIDENT</b>	21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) <b>HGWY 66</b>	21c. (CITY, TOWN, OR TOWNSHIP) <b>SULLIVAN</b> (COUNTY) <b>FRANKLIN</b> (STATE) <b>MISSOURI</b>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>DEC 29 5:26 a.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>AUTOMOBILE ACCIDENT</b>
---	---	---

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) _____	23b. ADDRESS _____	23c. DATE SIGNED <b>12/29/57</b>
---	--------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JAN. 2, 1958</b>	24c. NAME OF CEMETERY OR CREMATORY <b>NEW ST. MARCUS CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MO</b>
---	-------------------------------	---	--

DATE REC'D BY LOCAL REG. <b>1-2-58</b>	REGISTRAR'S SIGNATURE <b>Thomas G. Murphy</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Katie Funeral Home</b>	ADDRESS <b>ST. LOUIS, MO.</b>
--	---	--	-------------------------------

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

476

JAN 9 1958

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 HARRISON W. EATON Student Embalmer No. 555 working under my personal supervision..

Student Harrison W. Eaton  
Signature of Student Embalmer

Signed J. A. Dempsey

Licensed Embalmer No. 4772

P. O. Address Sullivan, Mo

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.