

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 29 1958

1994

STATE FILE NUMBER

Registration District No. 206 Primary Registration District No. 5752 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Madison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Twelve Mile Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>R.F.D. Saco, Mo.</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>16 Mi. S.W. Fredericktown</u>			Length of stay in hospital <u>20 yr</u>	d. STREET ADDRESS (If outside, give location) <u>16 Mi. S.W. Fredericktown</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Joseph</u> Middle <u>Thomas</u> Last <u>Rutherford</u>				4. DATE OF DEATH Month <u>January</u> Day <u>17</u> Year <u>1958</u>			
5. SEX <u>Male</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>June 25, 1880</u>		9. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>22</u> Hours <u></u> Min. <u></u> IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Madison County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>James Rutherford</u>				14. MOTHER'S MAIDEN NAME <u>Unknown</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>William T. Cox - Saco, Missouri</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>Congestive heart failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>3rd degree A-V dissociation</u> DUE TO (c) <u>4330</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Acute nonspecific bronchitis for last 2 days</u>							INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> <u>1 year</u>
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 <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>			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 <u></u> STATE <u></u>
21. I attended the deceased from <u>May 1952</u> to <u>Jan 17, 1958</u> and last saw ^{him} alive on <u>Jan 17, 1958</u> Death occurred at <u>11:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.</u>							
22a. SIGNATURE (Degree or title) <u>E. W. Deleyere D.O.</u>				22b. ADDRESS <u>Fredericktown Mo</u>		22c. DATE SIGNED <u>1/18/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Jan. 19, '58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pisgah Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Madison County, Missouri</u>			
24. FUNERAL DIRECTOR <u>W. Admon</u>			ADDRESS <u>Fredericktown, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>1-20-1958</u>	26. REGISTRAR'S SIGNATURE <u>Abrence Dicks</u>	

(Licensed Embalmer's Statement on Reverse Side)

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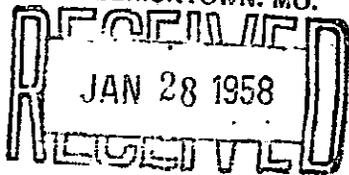
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE NO. 158-5

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 Raymond B. Wilder

Licensed Embalmer No. 48

P. O. Address Fredericktown

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.