

HEALTH DEPARTMENT OF MISSOURI				STANDARD CERTIFICATE OF DEATH				78-006098							
FILED MAR 12 1958				Registration District No. <u>156</u>				Primary Registration District No. <u>2001</u>				Registar's No. <u>102</u>			
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JOPLIN</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>JOPLIN</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>FREEMAN HOSP.</u>				Length of stay in 1b <u>ALWAYS</u>		d. STREET ADDRESS <u>2301 ADELE AVE.</u>				(If outside, give location) Reside on Farm? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First Middle Last <u>GERTRUDE RUTHERFORD</u>						4. DATE OF DEATH <u>FEBRUARY 26, 1958</u> Month Day Year									
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</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>MAR. 22, 1912</u>		9. AGE (In years last birthday) <u>45</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (City and state or country) <u>JOPLIN, MO.</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
13a. FATHER'S NAME <u>CHURCH QUEEN</u>				13b. MOTHER'S MAIDEN NAME <u>MARY VANNOY</u>				14. NAME OF HUSBAND OR WIFE <u>ELMER R. RUTHERFORD</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>1750</u>		17. INFORMANT Address <u>ELMER R. RUTHERFORD, 2301 ADELE AVE.</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>Adeno CA. at coronary</u>										INTERVAL BETWEEN ONSET AND DEATH <u>7 months</u>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Metastasis to liver</u>										<u>5 months</u>					
DUE TO (c) <u>and Abdominal viscera</u>															
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>1750</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					
21. I attended the deceased from <u>Aug 24-57</u> to <u>Feb 25-58</u> and last saw her alive on <u>Feb 25-1958</u> Death occurred at <u>7.25</u> <u>A</u> . m on the date stated above; and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE (Degree or title) <u>Lewis H Ferguson M.D.</u>						22b. ADDRESS <u>327 E. 20. Joplin Mo.</u>			22c. DATE SIGNED <u>2-27-58</u>						
23a. BURIAL, CREMATION, <u>BURIAL</u> (Specify)		23b. DATE <u>2-28-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>OZARK MEMORIAL PARK,</u>				23d. LOCATION (City, town, or county) (State) <u>JOPLIN, MISSOURI</u>							
24. FUNERAL DIRECTOR ADDRESS <u>STEVE PARKER MORTUARY, JOPLIN, MO.</u>						25. DATE RECD. BY LOCAL REG. <u>3-4-58</u>		26. REGISTRAR'S SIGNATURE <u>Dove Merriam</u>							

County File MAR 1
Date Filed MAR 1

MAR 24 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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Joplin*

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.