

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028523
STATE FILE NUMBER

FILED SEP 4 1958 Registration District No. 62 Primary Registration District No. 4108 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stockton		c. CITY (If outside, give location) OR TOWN Stockton	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 549 North St.		d. STREET ADDRESS (If outside, give location) 549 North St.	

3. NAME OF DECEASED First Middle Last
EMMA EVA WILLETT

4. DATE OF DEATH Month Day Year
Aug. 25, 1958

5. SEX Female 1

6. COLOR OR RACE White

7. MARRIED NEVER MARRIED
WIDOWED 2 DIVORCED

8. DATE OF BIRTH Oct. 4, 1874

9. AGE (In years of last birthday) 83

10. FUNDER 1 YEAR 10 Days 21 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
Own Home

11. BIRTHPLACE (City and state or country)
Stockton, Mo.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME John F. Rutledge

13b. MOTHER'S MAIDEN NAME Amanda Ballinger

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO. No

17. INFORMANT Mrs. Ethel Church, Stockton, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Senility

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 794X

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? YES NO 0

20a. ACCIDENT SUICIDE HOMICIDE

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 NOT WHILE AT WORK

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 8.13.46 to 8.25.58 and last saw her alive on 8.25.58
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wm B Richter M.D.

22b. ADDRESS Stockton Mo.

22c. DATE SIGNED 8.27.58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 8/27/1958

23c. NAME OF CEMETERY OR CREMATORY Stockton City Cem.

23d. LOCATION (City, town, or county) (State) Stockton, Mo.

24. FUNERAL DIRECTOR ADDRESS Cantlon Fun. Home, Stockton, Mo.

25. DATE RECD. BY LOCAL REG. 8-30-1958

26. REGISTRAR'S SIGNATURE Geneva Garrison

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

poetry, coroner, etc.-most use only standard nomenclature in item 16. 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 *John A. Cantlon*

Licensed Embalmer No. *4387*

P. O. Address *Stretton, 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.