

Health, Welfare
Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005857

STATE FILE NUMBER

889

FILED MAR 9 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

300
-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 918 Oak <i>Dwight</i>		d. STREET ADDRESS 2902 Wallace	
Length of stay in lb 25 Years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First William F. Middle Rutherford Last			4. DATE OF DEATH Month 2 Day 14 Year 1959		
--	--	--	--	--	--

5. SEX Male <input type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11/12 / 1890	9. AGE (In years at birthday) 68	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
--------------------------------------	------------------------	---	-------------------------------	----------------------------------	--------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver	10b. KIND OF BUSINESS OR INDUSTRY Mo. Valley Oil Co.	11. BIRTHPLACE (City and state or country) Sedalia, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	---	--

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Emma B. Rutherford
-------------------------------	--------------------------------------	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 513 05 3982	17. INFORMANT Address Emma B. Rutherford 2902 Wallace K.C. Mo.
--	--	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Lungs with Generalized Metastasis		INTERVAL BETWEEN ONSET AND DEATH about 3yrs.
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? 2 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 a.m. p.m. Month, Day, Year	

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 STATE
--	--	---

21. I attended the deceased from 7-25-1955 to 2-14-59 and last saw ^{66x}him alive on 2-14-59
Death occurred at 10:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>J. A. Nigro</i> (Degree or title) M.D.	22b. ADDRESS 1222 McGee St., K.C., Mo.	22c. DATE SIGNED 2-16-59
--	--	--------------------------

23a. BURIAL, CREMATION, or other (Specify) Burial	23b. DATE 2/16/1959	23c. NAME OF CEMETERY OR CREMATORY Floral Hills	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
---	---------------------	---	---

24. FUNERAL DIRECTOR ADDRESS Floral Hills Memorial Chapels K.C. Mo.	25. DATE RECD. BY LOCAL REG. 2-16-59	26. REGISTRAR'S SIGNATURE <i>Neven Marshall</i>
--	--------------------------------------	---

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
J. A. Nigro

All diseases in Part I must be causally related.

11.000
part

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~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Forrest D Colden*

Licensed Embalmer No. *4714*
P. O. Address *K C 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.