

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009844
STATE FILE NUMBER

FILED MAR 31 1959

Registration District No. 146 Primary Registration District No. 5369 Registrar's No. 142

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-57

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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 Brooking TWP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 Mi. S.40 HY. on Noland Rd.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 1002 W. Linden		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Clarence Middle Barton Last Rudd			4. DATE OF DEATH Month March Day 21 Year 1959		
5. SEX Male <input checked="" type="radio"/>	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 March 17, 1907	9. AGE (In years last birthday) 52	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) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Bendix Aviation		11. BIRTHPLACE (City and state or country) Roseland, Missouri	
12. CITIZENSHIP OF WHAT COUNTRY? USA		13a. FATHER'S NAME Hale Rudd		13b. MOTHER'S MAIDEN NAME Jessie Wilcox	
14. NAME OF HUSBAND OR WIFE Mrs. Pearl H. Rudd		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO NONE		16. SOCIAL SECURITY NO. 487-26-5762	
17. INFORMANT Mrs. Pearl Rudd		Address 1002 W. Linden; Indep., 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) Carbon monoxide Poisoning					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					9730
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) had a flare connected to			
20c. TIME OF INJURY Hour Month, Day, Year a.m. 3:25 p.m. 59		exp. exhaust pipe & run into car on street			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on street		20f. CITY, TOWN, OR LOCATION Jackson COUNTY MO STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ 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) Hugh O. Carson			22b. ADDRESS 34 Birch Blv		22c. DATE SIGNED 3-23-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/24/59		23c. NAME OF CEMETERY OR CREMATORY Woodlawn cemetery	
23d. LOCATION (City, town, or county) Independence, Mo.		23e. (State)			
24. FUNERAL DIRECTOR Geo. C. Carson & Sons			ADDRESS Indep., Mo.		25. DATE RECD. BY LOCAL REG. 3-24-59
26. REGISTRAR'S SIGNATURE James [Signature]					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Dean W. Huff*

Licensed Embalmer No. *4914*

P. O. Address *Indep., 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.