

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027941

FILED VS AUG 12 1959

Registration District No. 366 Primary Registration District No. _____ Registrar's No. 62 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Washington				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Washington				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Caledonia		Length of stay in lb life		c. CITY OR TOWN Caledonia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (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 JOSEPH R. RUTLEDGE				4. DATE OF DEATH Month Day Year Aug. 1 1959				
5. SEX male	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 Nov. 19 1876	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR 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		11. BIRTHPLACE (City and state or country) Iron County Mo.	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME William Rutledge			13b. MOTHER'S MAIDEN NAME Mary E. Henderson		14. NAME OF HUSBAND OR WIFE Ave Sutton Rutledge			
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 Address Mrs. Ave Rutledge, Caledonia 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 lung.							INTERVAL BETWEEN ONSET AND DEATH 1 yr 3	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) unknown								
DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) —					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 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 March 1959 to Aug-1-1959 and last saw ^{them} him alive of July 12-1957 . Death occurred at 7.20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Joseph L. Thurman, M.D.				22b. ADDRESS Potosi, Mo.		22c. DATE SIGNED 8-3-1959		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 8-3-59	23c. NAME OF CEMETERY OR CREMATORY Methodist Cemetery		23d. LOCATION (City, town, or county) (State) Caledonia Mo.				
24. FUNERAL DIRECTOR Analy White White Funeral Home, Ironton Mo.		25. DATE RECD. BY LOCAL REG. 8/6/59	26. REGISTRAR'S SIGNATURE Herbert Rudall					

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Alice J. White

Licensed Embalmer No. 8012

P. O. Address Clinton, 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.