

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033024

FILED VS OCT 7 1959

STATE FILE NUMBER

Registration District No. 195 Primary Registration District No. _____ Registrar's No. 80-59

ENDED

1. PLACE OF DEATH a. COUNTY McDonald				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY McDonald				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Erie Township		Length of stay in 1b 10 years		c. CITY OR TOWN Goodman		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 1 Goodman			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rt. 1			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Robert Earl Ruddick				4. DATE OF DEATH Month September Day 29 Year 1959				
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Jan 15-93	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months 8 Days 14	IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (City and state or country) Seneca Nation-Okla.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Robert Ruddick			13b. MOTHER'S MAIDEN NAME Laura Kirkpatrick			14. NAME OF HUSBAND OR WIFE Luella Ruddick None		
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. 499-22-3646		17. INFORMANT Address Luella Ruddick Goodman, Missouri.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension 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.		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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from August 6-29 September 30-29 and last saw him alive on September 30-29 Death occurred at 12:20 P. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>[Signature]</i> (Degree or title)				22b. ADDRESS Hx London Missouri		22c. DATE SIGNED 9/30/59 (State)		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Oct. 2, 1959	23c. NAME OF CEMETERY OR CREMATORY Granby Cemetery		23d. LOCATION (City, town, or county) Granby, Missouri.				
24. FUNERAL DIRECTOR Rapp Funeral Home ADDRESS Anderson, Mo.				25. DATE RECD. BY LOCAL REG. Sept. 30, 1959		26. REGISTRAR'S SIGNATURE <i>[Signature]</i> Deputy		

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Carl Rapp

Licensed Embalmer No. 03458

P. O. Address Anderson, 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.