

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013960

APR 11 1960

Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 27

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Warren</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>Warren</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Warrenton</b>		Length of stay in 1b <b>5 MONTH</b>	c. CITY OR TOWN <b>WRIGHT CITY</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Katie Jane Memn Home</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Wright City</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Flora</b> Middle <b>Catherine</b> Last <b>Rudd</b>			4. DATE OF DEATH Month <b>April</b> Day <b>3</b> Year <b>1960</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6/17/86</b>	9. AGE (last birthday) <b>73</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and state or country) <b>Warren CO MO</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A</b>
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13a. FATHER'S NAME <b>John Logan</b>	13b. MOTHER'S MAIDEN NAME <b>Alice Mills</b>	14. NAME OF HUSBAND OR WIFE <b>Leslie Rudd</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT <b>James Rudd Foristell MO</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia Bilateral Hypostatic</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 Day</b>
DUE TO (b) <b>Cerebral Infarction &amp; Myocard C.V.A.s</b>		
DUE TO (c) <b>Diabetes Mellitus</b>		
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 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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
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21. I attended the deceased from **Oct 30 1917** to **April 3, 1960** and last saw her alive on **April 2, 1960**  
Death occurred at **2:30 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Donald H. Hatcher MD</b>	22b. ADDRESS <b>Warrington Mo</b>	22c. DATE SIGNED <b>4-5-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4/5/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Wright City Cemetery</b>
23d. LOCATION (City, town, or county) <b>Wright City MO</b>		23e. DATE RECD. BY LOCAL REG. <b>April 5, 1960</b>

24. FUNERAL DIRECTOR <b>Nieburg Furn &amp; Und CO</b>	26. REGISTRAR'S SIGNATURE <b>Floyd Logan</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 13 1960

APR 27 1960

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Julius J. Niebur*

Licensed Embalmer No. 33

P. O. Address Wright

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to  
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.