

**FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

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=60-030119

ENDED

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 168 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Arkansas</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kennett</b>		Length of stay in 1b <b>3 Hrs.</b>	c. CITY OR TOWN <b>Piggott</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Dunklin Memorial Hospital</b>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>324 S. Garfield</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Cordis</b> Middle <b>Lee</b> Last <b>Rutledge</b>			4. DATE OF DEATH Month <b>August</b> Day <b>17</b> Year <b>1960</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8.6.1911</b>	9. AGE (last birthday) <b>49</b>	IF UNDER 1 YEAR Months Days Hours Min.	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>Car Sales</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Auto</b>	11. BIRTHPLACE (City and state or country) <b>Tenness</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Lynn Rutledge</b>	13b. MOTHER'S MAIDEN NAME <b>(Unknown) Damron</b>	14. NAME OF HUSBAND OR WIFE <b>Pearl Rutledge</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>30-03-5089</b>	17. INFORMANT <b>Pearl Rutledge</b>	<b>324 S. Garfield Piggott Ark.</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>Myocardial infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 hrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Hypertensive cardiovascular disease and arteriosclerosis, generalized.</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)		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.)
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20c. TIME OF INJURY Hour <b>3 P.M.</b> Month, Day, Year <b>8-17-60</b>	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 <b>Piggott</b> COUNTY <b>Clay</b> STATE <b>Ark.</b>
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21. I attended the deceased from <b>3 P.M. 8-17-60</b> to <b>8.05 P.M. 8-17-60</b> and last saw her/him alive on <b>8-17-60</b> Death occurred at <b>8.05 P.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <b>Charles R. Cash</b> (Degree or title) <b>M.D.</b>	22b. ADDRESS <b>Kennett Mo.</b>	22c. DATE SIGNED <b>8-20-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8-21-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Piggott Cemetery</b>	23d. LOCATION (City, town, or county) <b>Piggott</b> (State) <b>Ark.</b>
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24. FUNERAL DIRECTOR <b>Lloyd Russell</b> ADDRESS <b>Piggott Ark.</b>	25. DATE RECD. BY LOCAL REG. <b>8-24-1960</b>	26. REGISTRAR'S SIGNATURE <b>Carl Hushman</b>
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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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

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

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.