

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041523

Registration District No. 160 Primary Registration District No. 5592 Registrar's No. 150 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jefferson County b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN R.R. Festus Length of stay in 1b 2 1/2 Years c. CITY OR TOWN Perryville Inside Limits Yes No X d. STREET ADDRESS Rte. 2 (If outside, give location) Reside on Farm Yes X No

3. NAME OF DECEASED First Middle Last Joseph A. Rudisaile 4. DATE OF DEATH Month Day Year 11-21-61

5. SEX M 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced X 8. DATE OF BIRTH 3-18-68 9. AGE (last birthday) 93 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) Perry County, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William F. Rudisaile 13b. MOTHER'S MAIDEN NAME Harriet Hoffman 14. NAME OF HUSBAND OR WIFE Missouri B. Rudisaile

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. None 17. INFORMANT Russell Rudisaile, Perryville, R.2 Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis (b) Arteriosclerosis (c) Age Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 Sept 19 1959 to Nov 20 1961 last saw her alive on Nov 17 1961 Death occurred at 11:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) 22b. ADDRESS 159 N. Mill Festus Mo 22c. DATE SIGNED 11/22/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 11-24-61 23c. NAME OF CEMETERY OR CREMATORY York Chapel Cem. 23d. LOCATION (City, town, or county) Perry County, Mo.

24. FUNERAL DIRECTOR ADDRESS Young & Sons Perryville, Mo 25. DATE RECD. BY LOCAL REG. 11-25-61 26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED INSTEAD OF DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF ITEM NO. SHOULD READ

**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 Wallace Young  
Licensed Embalmer No. 4027

P. O. Address Perryville

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.