

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043503

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 281

FILED DEC 27 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  |  |
| a. COUNTY <u>Audrain</u>  |   | a. STATE <u>Mo.</u> b. COUNTY <u>Audrain</u>   |  |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mexico, m</u>  |   | c. CITY OR TOWN <u>Mexico</u>  |  |
| Length of stay in 1b <u>7 days</u>  |   | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Audrain Hospital</u>                               |   | d. STREET ADDRESS (if outside, give location) <u>R.F.D.#6</u>  |  |
| Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |   | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |
| 3. NAME OF DECEASED (Type or print) First Middle Last   |   |  | 4. DATE OF DEATH Month Day Year  |
| <u>Mary K. Rudasill</u>   |   |  | <u>Dec. 18 1961</u>  |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>White</u>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Sept. 9, 1882</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>                      |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>  | 9. AGE (last birthday) <u>79</u>   |
| 11. BIRTHPLACE (City and state or country) <u>Audrain County, Mo</u>  |   | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>  |  |
| 13a. FATHER'S NAME <u>Thomas Henderson</u>  |   | 13b. MOTHER'S MAIDEN NAME <u>Mildred Cauthorn</u>  |  |
| 14. NAME OF HUSBAND OR WIFE   |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>  |  |
| 16. SOCIAL SECURITY NO. <u>Unknown</u>  |   | 17. INFORMANT <u>John Rudasill</u> Address <u>Mexico, Mo.</u>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:                             |   |  | INTERVAL BETWEEN ONSET AND DEATH   |
| IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>   |   |  | <u>30 min</u>  |
| DUE TO (b) <u>Myocardial failure</u>  |   |  | <u>18 da.</u>  |
| DUE TO (c) <u>Atherosclerosis</u>   |   |  | <u>20 yrs.</u>   |
| 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"/> N <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 <u>Dec 2-61</u> to <u>Dec 17-61</u> and last saw her alive on <u>Dec 17-61</u>                   |   |  |  |
| Death occurred at <u>12 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.                |   |  |  |
| 22a. SIGNATURE (Degree or title) <u>Miriam St Jacques</u>   |   | 22b. ADDRESS <u>1120 Clark Mexico, Mo</u>  | 22c. DATE SIGNED <u>12/18/61</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   | 23b. DATE <u>Dec. 20-61</u>   | 23c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>  | 23d. LOCATION (City, town, or county) (State) <u>Audrain County Mo.</u>  |
| 24. FUNERAL DIRECTOR <u>Precht-Hueston</u> ADDRESS <u>Mexico, Mo.</u>   |   | 25. DATE RECD. BY LOCAL REG. <u>Dec-19 1961</u>  | 26. REGISTRAR'S SIGNATURE <u>Blanche Neely</u>   |

**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 Earl P. [Signature]

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.