

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014507

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 62

FILED APR 17 1962

VS 300  
Rev. 4/59

10192  
20510

3  
4 0  
5 2  
6  
7 1  
8 2  
9 560.5

10  
11  
12 1-0  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Harrisonville</u>		Length of stay in lb <u>4 days</u>	c. CITY OR TOWN <u>Latour</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1 mile southeast</u>
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Foster</u> Last <u>Rutt</u>		4. DATE OF DEATH Month <u>1</u> Day <u>10</u> Year <u>1962</u>	
5. SEX <u>Male</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>9/17/1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	9. AGE (last birthday) <u>82</u>
13a. FATHER'S NAME <u>Moses Rutt</u>		11. BIRTHPLACE (City and state or country) <u>Cedar Valley, Ohio U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13b. MOTHER'S MAIDEN NAME <u>Dora Lehr</u>		14. NAME OF HUSBAND OR WIFE <u>Clarice Rutt</u>	
17. INFORMANT <u>Mrs. Frances Downey</u>		Address <u>Harrisonville, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Embolism</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>profound shock</u>			<u>18 hours</u>
DUE TO (c) <u>dermatomyositis</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Atherosclerosis</u>			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.	20. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____
21. I attended the deceased from <u>4-4-62</u> to <u>4-10-62</u> and last saw him <sup>her</sup> alive on <u>4-10-62</u> Death occurred at _____ <u>10</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Edward S. Jones MD</u>		22b. ADDRESS <u>Harrisonville, MO</u>	22c. DATE SIGNED <u>4-12-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4/13/1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Garden City Cemetery</u>	23d. LOCATION (City, town, or county) <u>Garden City, Missouri</u>
24. FUNERAL DIRECTOR <u>ATKINSON-DICKY GARDEN CITY, MISSOURI</u>		25. DATE RECD. BY LOCAL REG. <u>4-13-62</u>	26. REGISTRAR'S SIGNATURE <u>Mrs Ray Seber</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 Robert Watkins

Licensed Embalmer No. 4902

P. O. Address Henningsville, 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.