

Collected by out

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016229

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 267 Primary Registration District No. 5906 Registrar's No. 82

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 3 1962

1. PLACE OF DEATH: a. COUNTY Pemiscot; b. CITY Little River Twntship; c. FULL NAME OF HOSPITAL OR INSTITUTION Hayti Rt. One; 2. USUAL RESIDENCE: a. STATE Missouri; b. COUNTY Pemiscot; c. CITY OR TOWN Hayti; d. STREET ADDRESS Route 1

3. NAME OF DECEASED: Emma Nora Rudd; 4. DATE OF DEATH: April 23, 1962

5. SEX Female; 6. COLOR OR RACE White; 7. Married Widowed; 8. DATE OF BIRTH 5/1/1881; 9. AGE 80

10a. USUAL OCCUPATION Housewife-Laborer; 10b. KIND OF BUSINESS OR INDUSTRY Home-Farm; 11. BIRTHPLACE Hornbeak, Tennessee; 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Amos Gaskins; 13b. MOTHER'S MAIDEN NAME Beck Arnold; 14. NAME OF HUSBAND OR WIFE X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No; 16. SOCIAL SECURITY NO. None; 17. INFORMANT Mrs. James Rudd-Hayti, Mo. Rt. 1

18. CAUSE OF DEATH: PART I. IMMEDIATE CAUSE (a) Died of natural causes at home - senility, etc.; (b) DUE TO (b); (c) 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.

19. WAS AUTOPSY PERFORMED? YES; 20a. ACCIDENT; 20b. DESCRIBE HOW INJURY OCCURRED.

20c. TIME OF INJURY; 20d. INJURY OCCURRED WHILE AT WORK; 20e. PLACE OF INJURY; 20f. CITY, TOWN, OR LOCATION

21. I attended the deceased from 3:15 P.m. to and last saw her/him alive on

22a. SIGNATURE Charlotte E. Sloan Registrar; 22b. ADDRESS 701 So. 4th St. - Hayti, Mo.; 22c. DATE SIGNED 4/30/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial; 23b. DATE Apr. 25, 1962; 23c. NAME OF CEMETERY OR CREMATORY E. Woodlawn Cemetery; 23d. LOCATION Hayti, Missouri

24. FUNERAL DIRECTOR H.S. Smith; 25. DATE RECD. BY LOCAL REG. 4/30/62; 26. REGISTRAR'S SIGNATURE Charlotte E. Sloan

(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59

10780
20780

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97954

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1290-8

131-0

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

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 *N. Duver Fike*

Licensed Embalmer No. 4484

P. O. Address Caruthersville, 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.