MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

53171

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 264

FILED JUL 13 1962

-62-022402
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10269
20269

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4 1
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Cole
c. CITY OR TOWN Jefferson City
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 400 E. Dunklin
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Dorothy Middle Belle Last Rutledge

4. DATE OF DEATH Month July Day 2 Year 1962

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH 5/26/83
9. AGE (last birthday) 79
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

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

13a. FATHER'S NAME Beuben Rader (deceased)
13b. MOTHER'S MAIDEN NAME Nancy Waters (deceased)
14. NAME OF HUSBAND OR WIFE Jeptha W. Rutledge (Dec)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Guy Rutledge Address Jefferson City

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: unk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart disease — yrs
DUE TO (c) Generalized arteriosclerosis — yrs
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 1959, to 7/2/62 and last saw her alive on 7/2/62
Death occurred at 12:40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Francis T. Meier (Degree or title) M.D.
22b. ADDRESS Jeff. City, Mo.
22c. DATE SIGNED 7/3/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7/4/62
23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery
23d. LOCATION (City, town, or county) Jefferson City (State) Missouri

24. FUNERAL DIRECTOR Donald P. Freeman ADDRESS 915 Madison
25. DATE RECD. BY LOCAL REG. 7 July 1962
26. REGISTRAR'S SIGNATURE R. Harris MD – N. Richter Dep

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Donald P. Freeman

Signature of Student Embalmer

Licensed Embalmer No. 4623

P. O. Address Jcmo.

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.