# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026601

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 143

FILED AUG 8 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0355
2 0355
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4 0
5 1
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7 0
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9 976 X
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12 91-3
13 5-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kennett — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 504 N. Main — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Dunklin
c. CITY OR TOWN: Kennett — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1719 Bradley — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Kenneth — Middle Muriel — Last Rudd

4. DATE OF DEATH: Month July — Day 31 — Year 1962

5. SEX: male
6. COLOR OR RACE: white
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 2/22/1930
9. AGE (last birthday): 32 — IF UNDER 1 YEAR: Months 5 Days 9 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lineotype Operator
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Hayti, Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Charles Edgar Rudd
13b. MOTHER'S MAIDEN NAME: Noma Hammett
14. NAME OF HUSBAND OR WIFE: Betty Rudd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): Korean Conflict
16. SOCIAL SECURITY NO.:
17. INFORMANT: Noma Rudd, Kennett, Mo. — Address:

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: Gun-shot through right Temple — INTERVAL BETWEEN ONSET AND DEATH: 5 min.
IMMEDIATE CAUSE (a)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
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. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [X] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Shot self while sitting in Taxi-cab with
20c. TIME OF INJURY: 3:50 Hour a.m. p.m. — Month, Day, Year: July 31, 6222 caliber pistol.
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
20f. CITY, TOWN, OR LOCATION: Kennett — COUNTY: Dunklin — STATE: Mo.

21. I attended the deceased from _____, to _____ and last saw ~~her~~ him alive on _____
Death occurred at 3:55P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Quinton Tarver Coroner
22b. ADDRESS: Kennett, Mo.
22c. DATE SIGNED: 8-3-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/2/1962
23c. NAME OF CEMETERY OR CREMATORY: Oak Ridge
23d. LOCATION (City, town, or county) (State): Kennett Missouri

24. FUNERAL DIRECTOR — ADDRESS: McDaniel Funeral Ser. Kennett, Mo.
25. DATE RECD. BY LOCAL REG.: 8-2-1962
26. REGISTRAR'S SIGNATURE: Carl Husband

(Licensed Embalmer's Statement on Reverse Side)

AUG 9 1962

AUG 8 1962

AUG 9 1962

AUG 24 1962

**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 Tommy L. Doherty

Licensed Embalmer No. 1886

P. O. Address Kennett, 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.