

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-027658

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 151

DO NOT WRITE ON THIS STUD

AMENDED

FILED AUG 13 1962

1. PLACE OF DEATH
 a. COUNTY **Laclede**
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **Lebanon** Length of stay in 1b **2 weeks**
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **Wallace Memorial Hospital** Inside Limits No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **Camden**
 c. CITY OR TOWN **Eldridge** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **Rural Route** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Emma Margaret Rutheford **August 4, 1962**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **Nov. 26, 1980** 9. AGE (last birthday) **81**
 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 ----- 11. BIRTHPLACE (City and state or country) **Carroll County, Iowa** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Gilbert Mason** 13b. MOTHER'S MAIDEN NAME **Martha A. Tomlinson** 14. NAME OF HUSBAND OR WIFE **Robert J. Rutheford**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** 16. SOCIAL SECURITY NO. ----- 17. INFORMANT **Harold Rutheford** Address **Eldridge, Missouri RR**

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Intra Cranial hemorrhage** INTERVAL BETWEEN ONSET AND DEATH **12 days**
 (b) **Arterial hypertension** **10 yrs.**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 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.) **July 22, 1962** to **Aug 4, 1962** 20f. CITY, TOWN, OR LOCATION **Lebanon, Mo** COUNTY **Camden** STATE **Missouri**

21. I attended the deceased from **July 22, 1962** to **Aug 4, 1962** and last saw her **8-3-62** alive on **8-3-62**
 Death occurred at **4 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **J. H. Johnson MD** (Degree or title) 22b. ADDRESS **Lebanon, Mo** 22c. DATE SIGNED **8-4-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **removal** 23b. DATE **8/5/62** 23c. NAME OF CEMETERY OR CREMATORY **Arlington Heights Cemetery** 23d. LOCATION (City, town, or county) (State) **Audubon, Iowa**

24. FUNERAL DIRECTOR **Walter Hodges** ADDRESS **Camdenton, Missouri** 25. DATE RECD. BY LOCAL REG. **8-4-1962** 26. REGISTRAR'S SIGNATURE **Alta S. Day**

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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF.
 SHOULD READ
 BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

AUG 14 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 Walter Hedger

Licensed Embalmer No. 4265

P. O. Address Camdenton, Missouri

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.

Permit received 8-14-1962 W.A.M.