MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034549
STATE FILE NUMBER

Registration District No. 138 Primary Registration District No. 4219 Registrar's No. 8

FILED OCT 9 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0430
2 0430
3
4 0
5 1
6
7 1
8 6
9 420.1
10
11
12 91-3
13 1-0

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

1. PLACE OF DEATH
a. COUNTY: Hickory
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Weaubleau
Length of stay in Ib: 2 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Main St. Hy 54
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Hickory
c. CITY OR TOWN: Weaubleau
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 1 Mile So. of Weaubleau
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: James Middle: Oscar Last: Rutledge

4. DATE OF DEATH: Month: Oct Day: 4 Year: 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-10-01
9. AGE (last birthday): 61
IF UNDER 1 YEAR: Months: 1 Days: 21
IF UNDER 24 HR: Hours: Min.:

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

13a. FATHER'S NAME: William Rutledge
13b. MOTHER'S MAIDEN NAME: Martha Henry
14. NAME OF HUSBAND OR WIFE: Frances B. Rutledge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT: Frances B. Rutledge Address: Weaubleau, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for PART I.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary Embolism
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Did Not, to and last saw her/him alive on
Death occurred at 1 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Gilbert Hathaway Coroner
22b. ADDRESS: Wheatland, Mo.
22c. DATE SIGNED: 10-5-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-7-62
23c. NAME OF CEMETERY OR CREMATORY: Lake Cemetery
23d. LOCATION (City, town, or county) (State): Lane Kansas

24. FUNERAL DIRECTOR: Hathaway Funeral Home
ADDRESS: Wheatland, Mo
25. DATE RECD. BY LOCAL REG.: Oct 5, 1962
26. REGISTRAR'S SIGNATURE: [redacted] Johnson

(Licensed Embalmer's Statement on Reverse Side)

OCT 17 1962

NOV 5 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 Chas Gilbert Bettaway

Licensed Embalmer No. 4267

P. O. Address Wheatland, 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.