

FILED MAR 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5431

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4282 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MONTICELLO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MONTICELLO	
c. LENGTH OF STAY (in this place) LIFE		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) EMMA	b. (Middle) ELEZABETH	c. (Last) RUTLEDGE	(Month) FEB	(Day) 13	(Year) 1949
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 13 1869	9. AGE (In years last birthday) 79	10. IF UNDER 1 YEAR Months 5 Days 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) EWING MO	
12. CITIZEN OF WHAT COUNTRY? US					

13a. FATHER'S NAME JOSEPH WASHBURN		13b. MOTHER'S MAIDEN NAME BOWMAN		14. NAME OF HUSBAND OR WIFE John Thomas Rutledge	
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'S SIGNATURE OR NAME Melvin Rutledge ADDRESS Monticello Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) Coronary Occlusion		DUE TO (b) arteriosclerosis			Immediate	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Dec. 31, 1949, to Feb. 13, 1949, that I last saw the deceased alive on Feb 13, 1949, and that death occurred at 2 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. W. B. Dason D.O.		23b. ADDRESS Canton, Mo.		23c. DATE SIGNED 2/13/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/15/49		24c. NAME OF CEMETERY OR CREMATORY Monticello	
24d. LOCATION (City, town, or county) (State) Monticello Mo		25. FUNERAL DIRECTOR'S SIGNATURE James A. Lloyd		ADDRESS Monticello Mo	
DATE REC'D BY LOCAL REG. 2/24/49		REGISTRAR'S SIGNATURE J. W. Jennings		161	

RECEIVED

District Health Officer *W. H. ...*

District File Number 3.49.406

Date Filed MAR 1 - 1949

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.

Signed *Jamaal Coder* _____

Licensed Embalmer No. 2532

P. O. Address *Duwo town Ma*

Signed _____
Student Embalmer

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 this body is not embalmed, fact should be so stated above.