

FILED OCT 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30949

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4285 Registrar's No. 95

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 OR TOWN Lewistown		c. CITY OR TOWN Lewistown.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) a. (First) James		c. (Last) Rudd	
b. (Middle) L		4. DATE OF DEATH (Month) (Day) (Year) Oct. 7 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 15, 1865
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months 0 Days 22	IF UNDER 24 HRS. Hours 0 Mins. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retail merchant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Newark Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Silvanus Rudd	
13b. MOTHER'S MAIDEN NAME Elizabeth U Eubank.		14. NAME OF HUSBAND OR WIFE Minnie Rudd	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruby Rudd		ADDRESS Lewistown, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-vascular-renal disease		INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) Senility		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (c) Senile dementia	
Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 Sept. 18, 48 to Oct. 7, 1949 , that I last saw the deceased alive on Oct. 4, 1949 , and that death occurred at 7 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Harry M. Craschen D.O.		23b. ADDRESS La Belle, Missouri	
23c. DATE SIGNED 10/7/49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 10/9/49		24c. NAME OF CEMETERY OR CREMATORY Lewistown	
24d. LOCATION (City, town, or county) (State) Lewistown Mo		DATE REC'D BY LOCAL REG. 10-10-49	
REGISTRAR'S SIGNATURE P. St. Jimmy		25. FUNERAL DIRECTOR'S SIGNATURE James A. Loder	
ADDRESS Lewistown Mo		ADDRESS Lewistown Mo	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED OCT 12 1949

District Health Officer No.

District File Number 10-49-1

Date Filed OCT 12 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 James A. O'Leary

Licensed Embalmer No. 2537

P. O. Address Leicester, Mass.

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.