

FILED JAN 9 1950

STANDARD CERTIFICATE OF DEATH

State File No. 848

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield,</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield,</b>	
c. LENGTH OF STAY (in this place) <b>40 days</b>		d. STREET ADDRESS (If rural, give location) <b>460 S. Main</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>460 S. Main</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Sheridan</b>	b. (Middle) <b>George</b>	c. (Last) <b>Rutherford</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>January 4, 1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 27, 1887</b>	9. AGE (In years last birthday) Months Days <b>62 3 8</b>	IF UNDER 1 YEAR Hours Min. <b>8</b>	IF UNDER 24 HRS. Min. <b>8</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of past life, even if retired) <b>retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Oil Company</b>	11. BIRTHPLACE (State or foreign country) <b>Highlandville, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John Rutherford</b>	13b. MOTHER'S MAIDEN NAME <b>Patty ??</b>	14. NAME OF HUSBAND OR WIFE <b>Winnie May Rutherford</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>unknown</b>	16. SOCIAL SECURITY NO. <b>unknown</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. S. G. Rutherford Springfield,</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Stomach</b>		INTERVAL BETWEEN ONSET AND DEATH <b>about 6 months</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <b>151X</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Prospey of supra clavicular nodule positive for carcinoma</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Aug**, 19**49**, to **1/4**, 19**50**, that I last saw the deceased alive on **Dec 16**, 19**49**, and that death occurred at **8 10** p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Ray D. Callaway MD</b>	23b. ADDRESS <b>Springfield Mo</b>	23c. DATE SIGNED <b>1/5/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 7, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn</b>	24d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>1-7-50</b>	REGISTRAR'S SIGNATURE <b>W. J. Handley MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Borman - Sells of 2 Home Springfield, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 Harry Chapp .....

Signed .....  
Student Embalmer

Licensed Embalmer No. 4594 .....

P. O. Address Springfield, Ill. .....

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.