

FILED AUG 30 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27286

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>863</u>					
1. PLACE OF DEATH a. COUNTY <b>Jasper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY <b>Newton</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin</b>				c. LENGTH OF STAY (in this place) <b>64 Yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin</b> <u>0735</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>D.O.A. St John's Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>3519 Oak Ridge Drive</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>			b. (Middle) <b>J.</b>			c. (Last) <b>RUTLEDGE</b>			4. DATE (Month) (Day) (Year) OF DEATH <b>August 15, 1950</b>		
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>November 16, 1885</b>		9. AGE (In years last birthday) <b>64</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Mine Operator</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Minning</b>		11. BIRTHPLACE (State or foreign country) <b>12 mi South of Joplin, Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		
13a. FATHER'S NAME <b>John Rutledge</b>				13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Pearl Rutledge</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>NO.</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Pearl Rutledge 3519 Oak Ridge Joplin, Mo</b>					
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Cardiac Failure</b>								INTERVAL BETWEEN ONSET AND DEATH <b>15 min</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis, generalized</b>								<b>?</b>	
		DUE TO (c) <b>Coronary Insufficiency</b>								<b>?</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Anthraxosis - marked nodular fibrosis</b>								<b>?</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <b>42014</b>						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>15 Aug</u> , 19 <u>50</u> , to <u>Aug 15</u> , 19 <u>50</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:45 a</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <i>[Signature]</i>				(Degree or title) <b>MD</b>				23b. ADDRESS <b>Joplin Mo</b>		23c. DATE SIGNED <b>15 Aug 50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial (1)</b>		24b. DATE <b>August 17, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt Hope Cemetery</b>			24d. LOCATION (City, town, or county) (State) <b>Webb City, Mo.</b>				
DATE REC'D BY LOCAL REG. <b>8-19-50</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Thornhill-Dillon Mort</b>			ADDRESS <b>Joplin, MO.</b>			

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

RECEIVED 8-22-50  
Jasper County Health Office

County File Number 50-9-627

Date Filed 8-20-50

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 .....  
Student Embalmer

Signed Charles E. Frey

Licensed Embalmer No. 4768

P. O. Address Hoplin, 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 this body is not embalmed, fact should be so stated above.