

FILED NOV 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 38106  
Registrar's No. 373

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 373			
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		0883			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>307 Halleck</u>				d. STREET ADDRESS (If rural, give location) <u>307 Halleck</u>					
3. NAME OF DECEASED (Type or Print)			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)			
<u>Alexander M. Rudder</u>						<u>Nov. 8<sup>th</sup> 1950</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH			
				<u>Married</u>		<u>May 14<sup>th</sup> 1868</u>			
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rtd.</u>			9b. KIND OF BUSINESS OR INDUSTRY			9. AGE (In years last birthday) Months Days Hours Min.			
						<u>82 5 24</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				11. BIRTHPLACE (State or foreign country)				12. CITIZEN OF WHAT COUNTRY?	
				<u>Tenn</u>					
13a. FATHER'S NAME <u>no data</u>			13b. MOTHER'S MAIDEN NAME <u>no data</u>			14. NAME OF HUSBAND OR WIFE <u>Kathryn</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
						<u>Mrs A.M. Rudder Moberly, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).		MEDICAL CERTIFICATION						INTERNAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>						<u>one week</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) <u>Generalized arteriosclerosis</u>						<u>unknown</u>	
		DUE TO (c) <u>Diabetes Mellitus</u>						<u>unknown</u>	
		III. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death.						<u>260X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) (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>Oct. 28, 1950</u> , to <u>Nov. 8, 1950</u> , that I last saw the deceased alive on <u>Nov. 7, 1950</u> , and that death occurred at <u>7:10 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title)				23b. ADDRESS			23c. DATE SIGNED		
<u>W D Chute MA</u>				<u>Moberly, Missouri</u>			<u>11/9/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)			
<u>Burial</u>		<u>Nov 10<sup>th</sup> 1950</u>		<u>Oakland</u>		<u>Moberly, Mo</u>			
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS				
<u>Nov 10-50</u>		<u>Paul Sullivan</u>			<u>Lawrence Mahan and Son Moberly Mo.</u>				

Date Received: NOV 20 1950  
DISTRICT HEALTH OFFICE #2  
District File Number 11-50-19  
Date Filed: NOV 22 1950

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Frank D. DeWitt

Signed.....

Student Embalmer

Licensed Embalmer No. 3821

P. O. Address Moberly, 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.