

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32922**
Registrar's No. **53**

LEOCT 29 1951

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

BIRTH NO. _____		REG. DIST. NO. 70		PRIMARY REG. DIST. NO. 5286		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Clark				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Knock			
b. CITY OR TOWN Wyaconda, Mo.		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN Colony, Mo.		1520	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) 1			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Wesley c. (Last) Rudicile			4. DATE OF DEATH (Month) (Day) (Year) Sept 30 1950				
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept 30 1886		9. AGE (In years last birthday) 65	# UNDER 1 YEAR Months _____	# UNDER 1 HRS. Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Mar 1951	11. BIRTHPLACE (State or foreign country) Knox Co., Mo		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Chas Rudicile		13b. MOTHER'S MAIDEN NAME Dont know		14. NAME OF HUSBAND OR WIFE Pansy Rudicile			
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 Pansy Rudicile ADDRESS Wyaconda Mo				
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 4.5 min 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.						
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) 4201 (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 3, 1951 , to Sept 30, 1951 , that I last saw the deceased alive on Sept 30, 1951 , and that death occurred at 8 A m. , from the causes and on the date stated above.							
23a. SIGNATURE L. E. Lowe Do (Degree or title) _____				23b. ADDRESS Memphis Mo		23c. DATE SIGNED 10/18/51	
24a. BURIAL CREMATION REMOVED (Specify) _____		24b. DATE Oct 3 1951	24c. NAME OF CEMETERY OR CREMATORY Colony Cemetery		24d. LOCATION (City, town, or county) (State) Colony, Knox Co Mo		
DATE REC'D BY LOCAL REG. 10/20-51		REGISTRAR'S SIGNATURE J. R. Bridges		25. FUNERAL DIRECTOR'S SIGNATURE Gertrude Barrett ADDRESS Wyaconda, Mo			

Date Received: OCT 23 1951
DISTRICT HEALTH OFFICE #2
District File Number 10-51-1
Date Filed: OCT 25 1951

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

Geo V. Buskett

Signed.....
Student Embalmer

Licensed Embalmer No. 1817

P. O. Address. Wyaconda 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.