No. 300
10-48

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

FILED JAN 23 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44104

BIRTH NO. _____ REG. DIST. NO. 260 PRIMARY REG. DIST. NO. 5884 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY: OSAGE 0760
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RICHFOUNTIAN, MO.
c. LENGTH OF STAY (in this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): WASHING TON TOWNSHIP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: OSAGE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Washington Twp RICHFOUNTIAN, MO.
d. STREET ADDRESS (If rural, give location): Richfountain, Mo. 0760 WASHINGTON TOWNSHIP.

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): RUDROFF
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): DEC. 10, 1951

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: NOV. 18, 1879
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 0, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): RICHFOUNTIAN, MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: HENRY RICHTER
13b. MOTHER'S MAIDEN NAME: CATHERINE BRUNNE
14. NAME OF HUSBAND OR WIFE: FRANK RUDROFF

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Mrs Mary Rudroff — ADDRESS: RICHFOUNTIAN, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 15 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 3 years
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: 4200
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 1, 1949, *to* Dec. 10, 1951, *that I last saw the deceased alive on* Dec. 10, 1951, *and that death occurred at* 4 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. B. Clebla M.D.
23b. ADDRESS: Jefferson City Mo
23c. DATE SIGNED: 12-12-51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12/14/51
24c. NAME OF CEMETERY OR CREMATORY: SACRED HEART
24d. LOCATION (City, town, or county) (State): RICHFOUNTIAN, MO.

DATE REC'D BY LOCAL REG.: 12-23-51
REGISTRAR'S SIGNATURE: Mrs. H. H. Moore 238-1
25. FUNERAL DIRECTOR'S SIGNATURE: Sylvester Gulle — ADDRESS: J. C. MO.

(Licensed Embalmer's Statement on Reverse Side)

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 Sylvester Drulle

Licensed Embalmer No. 4321

P. O. Address Jefferson City, 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.