No. 300
10-48

FILED JAN 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3602

State File No.

BIRTH NO. REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 20

970

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Twp. Marshall
c. LENGTH OF STAY (in this place): 7 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ½ Mile South-Wilton Springs

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Marshall, Twn. 0970
d. STREET ADDRESS (If rural, give location): ½ Mile South-Wilton Springs

3. NAME OF DECEASED (Type or Print)
a. (First): Julia
b. (Middle): Ann
c. (Last): Rudd

4. DATE OF DEATH (Month) (Day) (Year): Jan. 22 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 5-1881
9. AGE (In years last birthday): 70 — If under 1 year: Months 6, Days 17 — If under 1 hr.: Hours, Min.

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

13a. FATHER'S NAME: Francis Lenox
13b. MOTHER'S MAIDEN NAME: Nancy Whalen
14. NAME OF HUSBAND OR WIFE: Charles C. Rudd

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 ADDRESS: Francis Rudd-Sedalia, Missouri

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) Carcinoma of Breast — INTERVAL BETWEEN ONSET AND DEATH: 3 yr

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: 4/26/48
19b. MAJOR FINDINGS OF OPERATION: Carcinoma left Breast 170 X
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* 4/26 *, 19*48*, to* 1/22 *, 19*52 *that I last saw the deceased alive on* 4/20 *, 19*52 *and that death occurred at* 7 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title)
23b. ADDRESS: Marshall Mo.
23c. DATE SIGNED: 1/23/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Buried
24b. DATE: 1/24/52
24c. NAME OF CEMETERY OR CREMATORY: Summit M. Gardens
24d. LOCATION (City, town, or county) (State): Marshall, Missouri

DATE REC'D BY LOCAL REG.: Jan 23-1952
REGISTRAR'S SIGNATURE: Sidney T. Gray 383
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: J. Leslie Survey - Marshall, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 28 1952
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed JAN 28 1952

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 3235 J. Leslie Sweeney
Licensed Embalmer No. 3235
P. O. Address Marshall, Va.

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.