

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **12467**

FILED APR 18 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **96** PRIMARY REG. DIST. NO. **5255** Registrar's No. **210**

1. PLACE OF DEATH a. COUNTY <b>DALLAS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Dallas</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Washington</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Washington 0320</b>		d. STREET ADDRESS (If rural, give location) <b>Conway Mo.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>		b. (Middle) <b>S.</b>		c. (Last) <b>Ruedy</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>4-7-1952</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>		8. DATE OF BIRTH <b>5-27-1862</b>		9. AGE (In years last birthday) <b>89</b>	10. IF UNDER 1 YEAR Months <b>10</b> Days <b>10</b>	11. IF UNDER 24 HRS. Hours <b>10</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Frymer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>		11. BIRTHPLACE (State or foreign country) <b>Highland ILL</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		
13a. FATHER'S NAME <b>Christian Ruedy</b>			13b. MOTHER'S MAIDEN NAME <b>Catherine Ambuehl</b>		14. NAME OF HUSBAND OR WIFE <b>Clara Ruedy</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>-</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Geo. Rhodes Conway 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemorrhage of Brain</b>				INTERVAL BETWEEN ONSET AND DEATH		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterial Sclerosis</b>						
		DUE TO (c)						
		11. 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 <b>331X</b>				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)		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 <b>2-29, 1952</b> , to <b>4-7, 1952</b> , that I last saw the deceased alive on <b>4-7, 1952</b> , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <b>J. W. Lindsay M.D.</b>				23b. ADDRESS <b>Conway Mo.</b>		23c. DATE SIGNED <b>4-9-52</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>4-9-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Green Mountain</b>		24d. LOCATION (City, town, or county) (State) <b>Dallas, Co. Mo.</b>			
DATE REC'D BY LOCAL REG. <b>4-14-52</b>		REGISTRAR'S SIGNATURE <b>Mr. Gene Pattee</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Montgomery Vaughan Buffalo, Mo.</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

300  
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FEB 18 1949

**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

*Clyde Montgomery*

Licensed Embalmer No. *3592*

P. O. Address *Buffalo, 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.