

STANDARD CERTIFICATE OF DEATH

State File No. **23613**

FILED AUG 13 1952

BIRTH NO.		REG. DIST. NO. 32	PRIMARY REG. DIST. NO. 5713	Registrar's No. 48
1. PLACE OF DEATH a. COUNTY Bollinger B.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Bollinger		
b. CITY (If outside corporate limits, write RURAL and give township) Rural Whitewater		c. CITY (If outside corporate limits, write RURAL and give township) Rural Whitewater, Mo.		
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 1/2 Mi. W Sedgewickville		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1/2 Mi. W Sedgewickville				
3. NAME OF DECEASED (Type or Print) Rudolph		a. (First) Statler		c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) Aug 7 1952				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 23 1870	9. AGE (In years) (last birthday) 82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Jefferson Statler		13b. MOTHER'S MAIDEN NAME Hannah Conrad		14. NAME OF HUSBAND OR WIFE Deceased
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 Ismael Statler Sedgewickville Mo		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of face 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.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 191x			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Jan 1st, 1912 , to Aug 7, 1952 , that I last saw the deceased alive on Aug 14, 1952 , and that death occurred at 7:15 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE Edw. Crites		23b. ADDRESS Sedgewickville Mo		23c. DATE SIGNED 7/9/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 9, 1952	24c. NAME OF CEMETERY OR CREMATORY Sedgewickville	24d. LOCATION (City, town, or county) (State) Sedgewickville Mo	
DATE REC'D BY LOCAL REG. Aug. 11, 1952	REGISTRAR'S SIGNATURE Missie Van Durburgh	25. FUNERAL DIRECTOR'S SIGNATURE McCombs	ADDRESS Furn. & Und. Co. Jackson, Mo.	

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1

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

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 _____

BA Meyer

Signed
Student Embalmer

Licensed Embalmer No. 305-1

P. O. Address. Jackson MS

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.