

STANDARD CERTIFICATE OF DEATH

BIRTH NO. **SEP 29 1952** REG. DIST. NO. **184** PRIMARY REG. DIST. NO. **3038** Registrar's No. **214**

1582
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brookfield		c. LENGTH OF STAY (In this place) 6 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION 721 Meade Street		d. STREET ADDRESS (If rural, give location) 721 Meade Street	

3. NAME OF DECEASED (Type or Print) a. (First) Erna Jean b. (Middle) Rutherford c. (Last) Rutherford			4. DATE OF DEATH (Month) (Day) (Year) Sept. 17, 1952			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 16, 1909	9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months Days	IF UNDER 15 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 Own home	11. BIRTHPLACE (State or foreign country) Harrison, Arkansas		12. CITIZEN OF WHAT COUNTRY? U. S.	

13a. FATHER'S NAME Claude Rush	13b. MOTHER'S MAIDEN NAME Esther Ruble	14. NAME OF HUSBAND OR WIFE Walter E. Rutherford
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME ADDRESS W. E. Rutherford, Brookfield, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Cerebral hemorrhage		3 hrs
ANTECEDENT CAUSES		(fulminating) atherosclerosis		5 yrs
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) atherosclerosis & hypertension		
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (c)		
Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	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) (m.)	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 19 48** to **Sept 17, 1952**, that I last saw the deceased alive on **Sept 17, 1952**, and that death occurred at **8:45 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE John R. Duffin M.D. (Degree or title)	23b. ADDRESS Brookfield Mo	23c. DATE SIGNED 9-18-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Sept. 18, 1952	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Okmulgee, Oklahoma
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DATE REC'D BY LOCAL REG. 9-20-52	REGISTRAR'S SIGNATURE Nadine Stambach Reg.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wright Funeral Home, Brookfield, Mo.
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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 _____

Harold B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.