

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

41423

State File No. \_\_\_\_\_  
 Registrar's No. 98

FILED DEC 31 1952

REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5010

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Andrew</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u> |  |
| b. CITY OR TOWN <u>Rosendale, Mo - rural</u> c. LENGTH OF STAY (in this place) <u>5 yrs</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Rosendale 0070</u>                                |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>East of Rosendale Mo</u>                         |  | d. STREET ADDRESS (If rural, give location) <u>East of Rosendale, Mo. 3 Mi</u>  |  |

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Verda</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Ruddell</u> |  |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>12-21-52</u> |  |  |
| 5. SEX <u>Female</u>   |  | 6. COLOR OR RACE <u>White</u>                 |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>          |  |
| 8. DATE OF BIRTH <u>9-27-1894</u>  |  | 9. AGE (In years last birthday) <u>58</u>     |   | 10. MONTHS <u>1</u> YEARS <u>1</u> DAYS <u>1</u> HOURS <u>1</u> MINS. <u>1</u> |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>     |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> |   | 11. BIRTHPLACE (City and State or Foreign Country) <u>Rural - Florence, Mo</u> |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |  |   |   |  |  |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 13a. FATHER'S NAME <u>Joseph R. Stanton</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Florence Robertson</u> |  | 14. NAME OF HUSBAND OR WIFE <u>Guy Ruddell - Rosendale</u>                             |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) |  | 16. SOCIAL SECURITY NO. <u>None</u>                 |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Guy Ruddell - Rosendale, Mo</u> ADDRESS <u>Mo</u> |  |

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular of lung</u><br>ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Cerebrovascular lung</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  | INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u> |
|---|--|---|--|--|--|

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 19a. DATE OF OPERATION <u>None</u>                    |  | 19b. MAJOR FINDINGS OF OPERATION <u>none</u>  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>    |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Rosendale, Mo Andrew Mo</u> |  | 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? <u>163x</u>   |  |

22. I hereby certify that I attended the deceased from July 1952, to 12/21/52, that I last saw the deceased alive on Dec 21, 1952, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 23a. SIGNATURE <u>V. R. McClaskey M.D.</u> (Degree or title)     |  | 23b. ADDRESS <u>Rosendale Mo</u>                    |  | 23c. DATE SIGNED <u>12-24-52</u>                       |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>          |  | 24b. DATE <u>12-24-52</u>                           |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Savannah, Mo</u> |  |
| 24d. LOCATION (City, town, or county) (State) <u>Savannah Mo</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. A. Kirk</u> |  | ADDRESS <u>Savannah Mo</u>                             |  |
| DATE REC'D BY LOCAL REG. <u>12-23-52</u>                         |  | REGISTRAR'S SIGNATURE <u>Lillian Sparks</u>         |  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

2020  
1

**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 W. M. A. Reil

Licensed Embalmer No. 4728

P. O. Address Savannah, Ga.

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.