

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **9478**

FILED MAR 16 1953

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **245**

396
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Greene	b. CITY (If outside corporate limits, write RURAL and give town or township) Springfield	a. STATE Missouri	b. COUNTY Dade
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Greenfield 0290	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Springfield Baptist Hosp.		d. STREET ADDRESS (If rural, give location) 6 Miles East of Greenfield	

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) THOMAS	c. (Last) RUTHERFORD	4. DATE OF DEATH	(Month) March	(Day) 8	(Year) 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 15, 1883	9. AGE (In years last birthday)	69	11 Months	23 Days	1 Hour	0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (State or foreign country) Olathe, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Erwin Rutherford	13b. MOTHER'S MAIDEN NAME Emma Jane Thrailkill	14. NAME OF HUSBAND OR WIFE Lois Rutherford
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Lois Rutherford	ADDRESS Greenfield, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 5-6 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dissecting Aneurysm of Aorta		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease Unknown 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	19b. MAJOR FINDINGS OF OPERATION 443X	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Mar 6, 1953, to Mar 8, 1953, that I last saw the deceased alive on Mar 8, 1953, and that death occurred at 3:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE James T. Good, M.D.	(Degree or title)	23b. ADDRESS Springfield, Mo	23c. DATE SIGNED 3-9-53
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 3/10/1953	24c. NAME OF CEMETERY (OR CREMATORY) Greenfield Cemetery	24d. LOCATION (City, town, or county) (State) Greenfield, Missouri
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DATE REC'D BY LOCAL REG. 3-10-53	REGISTRAR'S SIGNATURE Edith Williamson Registrar	25. FUNERAL DIRECTOR'S SIGNATURE AYRE-GOODWIN FUN'L SERVICE, Spgfld,	ADDRESS MO.,
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(Licensed Embalmer's Statement on Reverse Side)

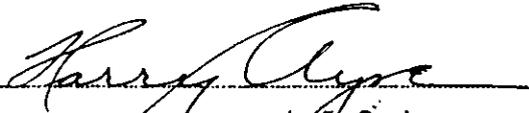
STATEMENT BY LICENSED EMBALMER

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..... 

Licensed Embalmer No. 4594

P. O. Address Springfield, Missouri

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.