

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

State File No. **15323**

No. 300  
10.48

FILED **APR 28 1953** REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **113**

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Chariton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Moberly</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Keytesville</b> <b>0210</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McCormick Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>220-South Park</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Goldie</b> b. (Middle) <b>R.</b> c. (Last) <b>Rutledge</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 21st, 1953</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>May 25, 1913</b>		9. AGE (In years) <b>39</b>		# UNDER 1 YEAR <b>10</b> # UNDER 24 HRS. <b>27</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housework</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Keytesville, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>					

13a. FATHER'S NAME <b>John Rice</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Drew</b>		14. NAME OF HUSBAND OR WIFE <b>J.T. Rutledge</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>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>J.T. Rutledge Keytesville, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial recompensation</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Malignant hypertension</b> DUE TO (c) <b>Syphilis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>3 yrs</b> <b>Several yrs</b>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>023X</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 **3/29, 1950**, to **4/21, 1953**, that I last saw the deceased alive on **4/21, 1953**, and that death occurred at **5:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Glennwood Foster</b>		23b. ADDRESS <b>Keytesville, Mo.</b>		23c. DATE SIGNED <b>4/21/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>April 22, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>	
DATE REC'D BY LOCAL REG. <b>4-22-53</b>		REGISTRAR'S SIGNATURE <b>Paul Williams</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Keytesville, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*N. D. Gawett*

Licensed Embalmer No. 3046

P. O. Address Key West, Fla.

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.