

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

36063

State File No. _____
Registrar's No. **5002**

FILED NOV 2 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>5002</u>		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			c. LENGTH OF STAY (In this place) <u>36 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			<u>3698</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4524 Nichols Parkway Kan. City</u>				d. STREET ADDRESS (If rural, give location) <u>Mo. 101 4524 Nichols Parkway</u>				
3. NAME OF DECEASED a. (First) <u>William</u>			b. (Middle) <u>Henry</u>		c. (Last) <u>Rudrauff</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 17 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>10-31-1868</u>		9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 100 Hrs. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Abstractor</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>McDaniels Title & Trust Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Philadelphias Pa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Wm. H. Rudrauff Sr.</u>			13b. MOTHER'S MAIDEN NAME <u>Eva C. Horn</u>		14. NAME OF HUSBAND OR WIFE <u>Kathleen Rudrauff</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) <u>No</u>		16. SOCIAL SECURITY (If yes, give war or dates of service) <u>443-H-2524A</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>WIFE 4524 Nichols PKY. K.C.Mo.</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>				DUE TO (b) <u>Generalized arteriosclerosis</u>				<u>17 mo</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____				" "
II. OTHER SIGNIFICANT CONDITIONS <u>1) Cerebral arteriosclerosis - Subarachnoid</u>				DUE TO (c) _____				<u>8 mos</u>
Conditions contributing to the death but not related to the disease or condition causing death? <u>2) Urinary Bladder Stones - Cystitis</u>				_____				" "
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>H200</u>		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 <u>29 April, 1953</u> , to <u>17 Oct, 1953</u> , that I last saw the deceased alive on <u>16 Oct, 1953</u> , and that death occurred at <u>7:25 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>D. T. Cutcliff</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>1222 Meade</u>		23c. DATE SIGNED <u>10/19/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-30-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO.</u>			
DATE REC'D BY LOCAL REG. <u>10-19-53</u>		REGISTRAR'S SIGNATURE <u>Gereldine Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Melody McGilley Eylar Kansas City Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK

Dr. C. C. Cutchins

AUG 16 1958

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 *Melvin Barton*

Licensed Embalmer No. *4903*

P. O. Address *KC Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.