

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 170

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia Mo old</u>	
c. LENGTH OF STAY (In this place) <u>1 Day</u>		d. STREET ADDRESS (If rural, give location) <u>R.R 5 1/2 63 North</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone Co. Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ETTA</u> b. (Middle) <u>AMANDA</u> c. (Last) <u>Rutherford</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 15-54</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec 16-1867</u>
9. AGE (In years last birthday) <u>86</u>	10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Greentop Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	13a. FATHER'S NAME <u>W.H. Owens</u>	13b. MOTHER'S MAIDEN NAME <u>Amanda Peppers</u>	14. NAME OF HUSBAND OR WIFE <u>P.H. Rutherford</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>(Dor) W.H. Rutherford Columbia 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, ashenia, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Decompensation of heart</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Chronic Myocarditis</u> <u>10 yrs</u>	
DUE TO (c) <u>Diabetic Mellitus</u> <u>20 yrs</u>		DUE TO (d) <u>Fracture of left femur</u> <u>48 hrs</u>	
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 _____		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) <u>260 XH</u>	
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>June 12, 1954</u> , to <u>June 15, 1954</u> , that I last saw the deceased alive on <u>June 15, 1954</u> , and that death occurred at <u>11 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Hall J. Dietrich M.D.</u> (Degree or title)		23b. ADDRESS <u>Prof. Bldg. Columbia Mo</u>	23c. DATE SIGNED <u>June 16-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 17-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive</u>	24d. LOCATION (City, town, or county) (State) <u>Hannibal Mo.</u>
DATE REC'D BY LOCAL REG. <u>June 16 1954</u>	REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. Hall</u>	ADDRESS <u>New Franklin Mo</u>

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 *L. L. Lee*

Licensed Embalmer No. *3515*

P. O. Address *New Franklin*

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.