

FILED JUL 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22314**

BIRTH NO. _____ REG. DIST. NO. **389** PRIMARY REG. DIST. NO. **5161** Registrar's No. **22**

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) Cedar Pk		c. CITY (If outside corporate limits, write RURAL and give township) Rural	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) Three mi. W on Highway 101	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) LOU b. (Middle) BELLE c. (Last) RUDDER			4. DATE OF DEATH (Month) (Day) (Year) July 18 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 14 - 1866	9. AGE (In years last birthday) 87	10. UNDER 1 YEAR (Months) (Days) 9 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY Homemaker	11. BIRTHPLACE (State or foreign country) Franklin - Bowler		12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Wm N. Billups		13b. MOTHER'S MAIDEN NAME Margaret Woods		14. NAME OF HUSBAND OR WIFE John F Rudder	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS S. M. Rudder Jefferson City Mo	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last: 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 4500	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 **Jan 25, 1947**, to **July 18, 1954**; that I last saw the deceased alive on **July 15, 1954**, and that death occurred at **10 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE E. M. Rusk M.D.	23b. ADDRESS New Bloomfield Mo	23c. DATE SIGNED 7/18/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE July 21-54	24c. NAME OF CEMETERY OR CREMATORY Back Hill	24d. LOCATION (City, town, or county) (State) Jefferson Mo
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DATE REC'D BY LOCAL REG. July 18-54	REGISTRAR'S SIGNATURE LeRoy Cluyper	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wesley Fun Home 218 S. 1st Jefferson Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0140

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 Leo H. Fleenor Jr.....

Licensed Embalmer No.

P. O. Address Fenton Md.....

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.