

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **83**

FILED JAN 21 1955

BIRTH NO. _____		REG. DIST. NO. 13		PRIMARY REG. DIST. NO. 3003		Registrar's No. 29		
1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Missouri b. COUNTY Barry				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett		c. LENGTH OF STAY (in this place) 1 year		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett		0057		
d. FULL NAME OF HOSPITAL OR INSTITUTION 405--8th Street				d. STREET ADDRESS (If rural, give location) 405 8th. Street				
3. NAME OF DECEASED (Type or Print) a. (First) John Rudolph b. (Middle) Rudolph c. (Last) Schad			4. DATE OF DEATH Jan. 7, 1955					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Mar 23, 1879		
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR 9 Months 14 Days		IF UNDER 1 YEAR 14 Hours		IF UNDER 1 MIN. 0 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer			10b. KIND OF BUSINESS OR INDUSTRY Same			11. BIRTHPLACE (City and State or Foreign Country) Barry County, Missouri		
12. CITIZEN OF WHAT COUNTRY? U.S. A		13a. FATHER'S NAME George Schad		13b. MOTHER'S MAIDEN NAME Caroline Bucholz		14. NAME OF HUSBAND OR WIFE Never Married		
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. no		17. INFORMANT'S SIGNATURE OR NAME Otto Schad ADDRESS 1100 Central, Monett				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 5 years	
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)		334 X		
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?				
22. I hereby certify that I attended the deceased from Jan 5, 1952 , to Jan 7, 1955 , that I last saw the deceased alive on Jan 5, 1955 , and that death occurred at 2:15 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE J. J. ... (Deputy or title)				23b. ADDRESS Monett, Mo		23c. DATE SIGNED 1-11-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 10, 1955		24c. NAME OF CEMETERY OR CREMATORY Stones Prairie		24d. LOCATION (City, town, or county) (State) Southwest of Monett, Mo		
DATE REC'D BY LOCAL REG. 1-11-55		REGISTRAR'S SIGNATURE Mrs. P. D. Cook 487		25. FUNERAL DIRECTOR'S SIGNATURE Bennett-Wormington ADDRESS Monett, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 155-179

DATE REC. 1-19-55

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

J. Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Monett, Mo

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.