

35122

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

XC 2 927 008
Reg. 11869 SL 1073

FILED NOV 15 1955

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N Grand St. Louis, Mo.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Mexico	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) a. (First) ORPHEUS		b. (Middle) B		c. (Last) RUTTER	
4. DATE OF DEATH (Month) (Day) (Year) 10-25-55		5. SEX MALE			
6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 8-13-93	
9. AGE (In years last birthday) 62		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Real Estate	
11. BIRTHPLACE (City and State or Foreign Country) Audrian County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME John W. Rutter		13b. MOTHER'S MAIDEN NAME Laura Squires		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. WW-1 489-16-0607		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS St. Louis, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SUBPHRENIC AND PERISPLENIC ABSCESS		INTERVAL BETWEEN ONSET AND DEATH UNKNOWN			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) CHRONIC AND SUBACUTE PANCREATITIS			
DUE TO (c) CALCULUS IN PANCREATIC DUCT		UNKNOWN			
II. OTHER SIGNIFICANT CONDITIONS		UNKNOWN			
Conditions contributing to the death but not related to the disease or condition causing death. BRONCHOPNEUMONIA		UNKNOWN			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE		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) V.A.		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 10-22, 1955, to 10-25, 1955, and that death occurred at 10:05 am., from the causes and on the date stated above.					
23a. SIGNATURE Herbert Luke M.D.		23b. ADDRESS VA HOSPITAL St. Louis 6, Mo.		23c. DATE SIGNED 10-25-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal - Auto		24b. DATE Oct. 27, 1955		24c. NAME OF CEMETERY OR CREMATORY Elmwood Cem.	
24d. LOCATION (City, town, or county) (State) Mexico, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			
DATE REC'D BY LOCAL REG. OCT 26 1955		REGISTRAR'S SIGNATURE		6175 Delmar Blvd.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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.....
Signature of Student Embalmer

Signed *Joseph E. McCulloch*.....
Licensed Embalmer No *246*.....

P. O. Address *6175-D*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.