

FILED DEC 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41093**

BIRTH NO. _____ REG. DIST. NO. **156** PRIMARY REG. DIST. NO. **200L** Registrar's No. **524**

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN c. LENGTH OF STAY (in this place) 63 YRS		c. CITY OR TOWN JOPLIN d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2130 PENN.		e. STREET ADDRESS (If rural, give location) 2130 PENN	

3. NAME OF DECEASED a. (First) JENNIE b. (Middle) LIND c. (Last) RUTLEDGE			4. DATE OF DEATH (Month) (Day) (Year) DEC 8 1955
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH NOV. 18, 1863	9. AGE (In years last birthday) 92 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS* OR INDUSTRY DOMESTIC	11. BIRTHPLACE (City and State or Foreign Country) MADISON, IND	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JAMES HAGGART	13b. MOTHER'S MAIDEN NAME ANNA JACOBS	14. NAME OF HUSBAND OR WIFE HENRY RUTLEDGE (Deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME MABEL RUTLEDGE JOPLIN ADDRESS _____
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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, asphyxia, 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) Acute Cardiac Failure		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardosis 4221 DUE TO (c) Generalized Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Hypertension--Secondary Anemia 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 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) _____	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 **Aug 1950**, 19____, to **12/8/55**, 19____, that I last saw the deceased alive on **12/7/55**, 19____, and that death occurred at **1:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE M. Rutledge (Degree or title) _____	23b. ADDRESS 521 W. 4th Joplin, Mo	23c. DATE SIGNED 12/12/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DEC 12, 1955	24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEM JOPLIN	24d. LOCATION (City, town, or county) (State) Mo
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DATE REC'D BY LOCAL REG. 12-15-55	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE HURLBY GLOVER ADDRESS JOPLIN
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DEC 19 1955
Jasper County Health Office
County File Number 55-12-869
Date Filed DEC 19 1955

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 *Dale Glover* _____

Licensed Embalmer No. *454*

P. O. Address *Joplin*

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.