

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2532**

FILED JAN 31 1956

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY St Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE Missouri c. COUNTY St Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington		c. CITY OR TOWN Farmington	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 510 N. Henry		e. STREET ADDRESS (If rural, give location) 510 N. Henry	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Frederick c. (Last) Rudy			4. DATE OF DEATH (Month) (Day) (Year) Jan. 24, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 3, 1886	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR 9 MONTHS 21 DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Fireman		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Ste Genevieve Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John F. Rudy	13b. MOTHER'S MAIDEN NAME Carrie L. Gillespie	14. NAME OF HUSBAND OR WIFE Nora Rudy
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. 494-10-0616-A	17. INFORMANT'S SIGNATURE OR NAME Mrs Nora Rudy, Farmington, Missouri

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Anoxia				2 1/2 hrs
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
DUE TO (b) Secondary Anemia				1 yr.
DUE TO (c) Metastatic Cancer of Prostate?				4 mos.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pathologic Fracture of Humerus				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Fracture Humerus mid 1/3 with bone loss			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) 177XF		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 Oct. 1955, to Jan. 1956 that I last saw the deceased alive on Jan 24, 1956, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul J. Bean M.D.	23b. ADDRESS Farmington, Mo	23c. DATE SIGNED 1/25/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/26/56	24c. NAME OF CEMETERY OR CREMATORY Rudy Cemetery
24d. LOCATION (City, town, or county) (State) Ste Genevieve Co. Missouri		

DATE REC'D BY LOCAL REG. Jan. 25, 1956	REGISTRAR'S SIGNATURE E. H. ...	25. FUNERAL DIRECTOR'S SIGNATURE Miller Funeral Home, Farmington, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 7 1956

JAN 1 1956

FEB 1 1956

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 Paul K. Dwyer

Licensed Embalmer No. 4120

P. O. Address Farmington

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.