0.300
0.48

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

FILED JUN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15433
State File No.

BIRTH NO. REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 171

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (in this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Laughlin Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo
b. COUNTY: Randolph 0883
c. CITY OR TOWN: Moberly
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ 1
STREET ADDRESS (If rural, give location): 539 Hagood St.,

3. NAME OF DECEASED (Type or Print)
a. (First): Nettie
b. (Middle):
c. (Last): Ruddell

4. DATE OF DEATH (Month) (Day) (Year): June 2, 1956

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Mar. 1, 1893
9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and State or Foreign Country): Greentop, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry S. Mikel
13b. MOTHER'S MAIDEN NAME: Mary Isabell Gregory
14. NAME OF HUSBAND OR WIFE: Harrison C. Ruddell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Henry Ruddell, La Plata, 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: prior to 4-19-56

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive cardio-vascular disease — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death*: General debility, congestive heart failure, hemorrhage from mucous membranes

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: none 443X
20. AUTOPSY? YES ☐ NO ☒

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 19, 1956, *to* June 2, 1956, *that I last saw the deceased alive on* June 2, 1956, *and that death occurred at* 4:05P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Paul Laughlin
(Degree or title): D.O. 2
23b. ADDRESS: Kirksville, Mo.
23c. DATE SIGNED: 6-3-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/4/56
24c. NAME OF CEMETERY OR CREMATORY: MaComb Cemetery
24d. LOCATION (City, town, or county) (State): McComb, Illinois

DATE REC'D BY LOCAL REG.: 6-3-56
REGISTRAR'S SIGNATURE: Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Kirksville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUN 5 1936

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed George H. Davalt

Licensed Embalmer No. 479

P. O. Address Kingsville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
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.