

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4120

State File No.

FILED MAR 5 1957		REG. DIST. NO. 77	PRIMARY REG. DIST. NO. 3016	Registrar's No. 79
1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>		
b. CITY OR TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>Jefferson City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>2 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>1327 Haugh</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1327 Haugh</u>				
3. NAME OF DECEASED (Type or Print) <u>Ida</u>		a. (First) <u>Ida</u>	b. (Middle) <u>Ma</u>	c. (Last) <u>Rudy</u>
4. DATE OF DEATH <u>Feb 26 1957</u>		5. SEX <u>Female</u>		
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 20, 1871</u>
9. AGE (In years last birthday) <u>85</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Smithton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>John Kelly Godbey</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Smith</u>		14. NAME OF HUSBAND OR WIFE <u>William T. Rudy</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W.G. Rudy</u> ADDRESS <u>Jefferson City Mo</u>
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) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arterio-sclerosis</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
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) <u>332x</u>
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?
22. I hereby certify that I attended the deceased from <u>2-21-</u> , 19 <u>56</u> , to <u>2-26</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>2-19</u> , 19 <u>57</u> , and that death occurred at <u>10 pm.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>W. L. McFarland</u> (Degree or title)		23b. ADDRESS <u>507 East High Street</u>		23c. DATE SIGNED <u>2-27-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri</u>
24b. DATE <u>March 1, 1957</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Keakart</u> ADDRESS <u>Sedalia, Mo</u>		
DATE REC'D BY LOCAL REG. <u>27 Feb 1957</u>		REGISTRAR'S SIGNATURE <u>R. P. Norris, M.D. - M.P.</u>		

(Licensed Embalmer's Statement on Reverse Side) 7. Home

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

Dan Ferguson

680

MAR 5 1957

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.....
O. W. Heckart

Licensed Embalmer No. *3470*

P. O. Address *Sedalia, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.