

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11994**

FILED APR 25 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE <u>Kentucky</u> b. COUNTY <u>?</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Mexico City Bus Sta.</u>		c. LENGTH OF STAY (in this place) <u>10 min.</u>	c. CITY OR TOWN <u>Cunningham</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bus Sta.</u>		e. STREET ADDRESS (If rural, give location) <u>R. F. D. 8160 8</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Loyce</u> b. (Middle) <u>Curtis</u> c. (Last) <u>Rudd</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 13 1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2/26/1899</u>	9. AGE (in years last birthday) <u>58</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cunningham, Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Robert Rudd</u>	13b. MOTHER'S MAIDEN NAME <u>Eddie Atherton</u>	14. NAME OF HUSBAND OR WIFE <u>Verble Rudd</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>XX Yes</u>	16. SOCIAL SECURITY NO. <u>405-42-701</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Blaine Malone</u> ADDRESS <u>Bardwell, KY.</u>	
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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, ashenia, 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) <u>Peritonitis</u>		<u>2 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Separated gastric ulcer</u> DUE TO (c)		<u>2 hrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>5401</u>	20. AUTOPSY? YES <input checked="" 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 never 19  , to   , 19  , that I last saw the deceased alive on never, 19  , and that death occurred at 5 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William J. ...</u>	23b. ADDRESS <u>112 N. Clark Mexico Mo</u>	23c. DATE SIGNED <u>4/14/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4/14/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Zora Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cunningham, Kentucky</u>
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DATE REC'D BY LOCAL REG. <u>Apr. 14 1957</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arnold Funeral Home</u> ADDRESS <u>Mexico, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

9-0

**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.....  
*Alvin Arnold Jr.*

Licensed Embalmer No. *3564*

P. O. Address *Muskegon*

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.