

STANDARD CERTIFICATE OF DEATH

32862

STATE FILE NUMBER

FILED OCT 10 1957

Registration District No. 267 Primary Registration District No. 5904 Registrar's No. 162

300
1-57

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY: Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gideon, Rte. 1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Gideon Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in lb 21 yrs.	d. STREET ADDRESS (If outside, give location) Rte. 1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First BERT Middle RUDKIN Last RUDKIN		4. DATE OF DEATH Month Sept. Day 21 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 15, 1896
9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	11. BIRTHPLACE (City and state or country) Huston, Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME John Rudkin	
13b. MOTHER'S MAIDEN NAME Sarah Beckworth		14. NAME OF HUSBAND OR WIFE Martha Atkinson Rudkin	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 488-20-4027	17. INFORMANT Address Mrs. Martha Rudkin, Gideon, Mo. Rte. 1
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Carcinoma of kidney DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 180X			INTERVAL BETWEEN ONSET AND DEATH 6 mo.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from July 52 to Sept 52 and last saw him alive on 9-21-57 Death occurred at 9:10 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) [Signature]		22b. ADDRESS Gideon Mo.	22c. DATE SIGNED 9-22-57
23a. BURIAL, CREMATION, etc. (Specify) Burial	23b. DATE Sept. 23, 1957	23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	23d. LOCATION (City, town, or county) (State) Campbell, Missouri
24. FUNERAL DIRECTOR ADDRESS Landess Funeral HOME, Campbell, Mo.		25. DATE RECD. BY LOCAL REG. 9-28-57	26. REGISTRAR'S SIGNATURE John W. German

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

10-265-57

OCT 16 1957

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE
CARUTHERSVILLE, MISSOURI
PHONE 79

OCT 16 1957
OCT 24 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 *Christina M. Landes*

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.