pt. Health,
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FILED OCT 31 1957

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

37078
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 331

**1. PLACE OF DEATH**
a. COUNTY: St. Francois
b. CITY OR TOWN: Bonne Terre, Missouri — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Bonne Terre Hosp. — Length of stay in Ib: 5 Days

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Washington
c. CITY OR TOWN: Breton Township — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Mineral Point, Mo. — Reside on Farm: Yes ☐ No ☒

**3. NAME OF DECEASED** (Type or print): First: Arthur Middle: James Last: Rutledge

**4. DATE OF DEATH** Month: OCT. Day: 16 Year: 1957

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7.** MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☒
**8. DATE OF BIRTH**: 1-1-1897
**9. AGE** (In years last birthday): 60 — IF UNDER 1 YEAR: Months 9, Days 15 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Lead Mimer
**10b. KIND OF BUSINESS OR INDUSTRY**: Lead Mining
**11. BIRTHPLACE** (City and state or country): Washington Co, Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: John Rutledge
**13b. MOTHER'S MAIDEN NAME**: Unkowen
**14. NAME OF HUSBAND OR WIFE**: Lucille Rutledge

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**
**17. INFORMANT** Address: Howard Rutledge, Potosi, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis 332X
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerotic heart disease.

**19. WAS AUTOPSY PERFORMED?** YES ☐ NO ☒

**20a.** ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
**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. Month, Day, Year
**20d.** INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**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 10/12/57, to 10/16/57 and last saw ~~her~~ him alive on 10/16/57
Death occurred at 2:10 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): Jack Mueller MD
**22b. ADDRESS**: Bonne Terre, Missouri
**22c. DATE SIGNED**: 10/19/57

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**23b. DATE**: 10-19-1957
**23c. NAME OF CEMETERY OR CREMATORY**: St. Stephens Cemetery
**23d. LOCATION** (City, town, or county) (State): Richwoods, Missouri

**24. FUNERAL DIRECTOR**: Arthur M. Smith — ADDRESS: Potosi Mo
**25. DATE RECD. BY LOCAL REG.**: Oct. 19 1957
**26. REGISTRAR'S SIGNATURE**: Esther Rudloff
(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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## 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 .....

Licensed Embalmer No. 4158

P. O. Address Potosi 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.