

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **2212**  
 Registrar's No. **39**

FILED JAN 10 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **3049**

1. PLACE OF DEATH a. COUNTY <b>Jenniscatt.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Indiana</b> b. COUNTY <b>Howard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Hoyti</b>	c. LENGTH OF STAY (In this place) <b>1 day</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Kokomo</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Jenniscatt Co. Memorial Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>815 8</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Tommy</b> b. (Middle) <b>Gene</b> c. (Last) <b>Rudd</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1-1-1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>5-16-1957</b>		9. AGE (In years last birthday) <b>0</b> Months <b>7</b> Days <b>15</b> Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>K</b>	11. BIRTHPLACE (State or foreign country) <b>Kokomo, Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Clude Rudd</b>	13b. MOTHER'S MAIDEN NAME <b>Margerie Edwards</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Clude Rudd</b>	ADDRESS <b>Kokomo, Ind.</b>
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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, asthma, 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) <b>Bronchial Pneumonia</b>		<b>Unknown</b>  <b>3 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Acute Media - Acute</b>		
DUE TO (c) <b>Dehydration - Malnutrition</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>—</b>	19b. MAJOR FINDINGS OF OPERATION <b>—</b>	20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" 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) <b>3910</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>—</b>	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK 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 **12/31, 1957**, to **1/1, 1958**, that I last saw the deceased alive on **1/1, 1958**, and that death occurred at **1:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>John K. Rumbworth M.D.</b>	23b. ADDRESS <b>Hoyti Mo.</b>	23c. DATE SIGNED <b>1/2/58</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-3-58</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Malden Cem Malden, Mo</b>	24d. LOCATION (City, town, or county) (State) <b>Mo</b>
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DATE REC'D BY LOCAL REG. <b>12-58</b>	REGISTRAR'S SIGNATURE <b>John German</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Tom Bradshaw</b>	ADDRESS <b>St. Louis, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1-17-58

JAN 8 - 1958

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

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 .....  
Student Embalmer

Signed Lloyd Russell  
Licensed Embalmer No. 509- Ark.

P. O. Address Figgott Ark.

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