

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004316
State File No.

FILED FEB 17 1958

| | | | | | |
|---|---|--|---|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>1</u> | | PRIMARY REG. DIST. NO. <u>3000</u> Registrar's No. <u>48</u> | |
| 1. PLACE OF DEATH a. COUNTY Adair | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Scotland c. CITY OR TOWN Granger d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| b. CITY OR TOWN Kirksville (If outside corporate limits, write RURAL and give township) | | c. LENGTH OF STAY (in this place) 8 days | c. CITY OR TOWN Granger | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Laughlin Hospital | | | STREET ADDRESS (If rural, give location) 090 | | |
| 3. NAME OF DECEASED (Type or Print) Charles | | a. (First) | b. (Middle) | c. (Last) Rude | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 10, 1958 |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH June 5, 1877 | 9. AGE (In years last birthday) 80 | IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Scotland County, Missouri | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
| 13a. FATHER'S NAME Isreal Rude | | 13b. MOTHER'S MAIDEN NAME Emma Cotton | | 14. NAME OF HUSBAND OR WIFE Elizabeth Rude | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clarence Rude, Ft. Madison, Iowa | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Thrombosis | ANTECEDENT CAUSES Coronary Atherosclerosis | | DUE TO (c) | 4 days |
| | 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 4201 | | 20. AUTOPSY? <input checked="" type="checkbox"/> | | 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) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR | | | |
| 22. I hereby certify that I attended the deceased from Feb 3, 1958, to Feb 10, 1958 , that I last saw the deceased alive on Feb 10, 1958 , and that death occurred at 5:45 A. M. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE R. Rhoads (Director or title) | | 23b. ADDRESS D.O. Kirkville, Mo | | 23c. DATE SIGNED 2-10-58 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE Feb. 11, 1958 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery | 24d. LOCATION (City, town, or county) (State) Scotland County, Missouri | | |
| DATE REC'D BY LOCAL REG. 2-12-1958 | REGISTRAR'S SIGNATURE Doris W. Rathoff | | 25. FUNERAL DIRECTOR'S SIGNATURE Luella ... | | ADDRESS ... |

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

FEB 19 1958

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 myself, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Fred Gustafson

Licensed Embalmer No. 420

P. O. Address

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.