

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029917
STATE FILE NUMBER

FILED AUG 19 1958 Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 119

S. 300
7-1-57
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1. PLACE OF DEATH a. COUNTY <u>Pike</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Louisiana</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Bowling Green</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pike County Hosp</u>		Length of stay in 1b <u>2 weeks</u>	d. STREET ADDRESS <u>---</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Rubie</u> Middle <u>Homer</u> Last <u>Rudd</u>			4. DATE OF DEATH <u>Aug 14, 1958</u> Month <u>Aug</u> Day <u>14</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 10 1891</u>	9. AGE (In years last birthday) <u>67</u> IF UNDER 1 YEAR Months <u>3</u> Days <u>4</u> IF UNDER 24 HRS. Hours <u>---</u> Min. <u>---</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and state or country) <u>Pike County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>Us</u>
13a. FATHER'S NAME <u>Ruben Rudd</u>		13b. MOTHER'S MAIDEN NAME <u>Levenia Thorton</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>487-50-1585</u>	17. INFORMANT Address <u>Charles Rudd Eolia Missouri</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>331X</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <u>July 29/58</u>
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 <u>July 30/58</u> to <u>Aug 13</u> and last saw <u>him</u> alive on <u>Aug 13</u> . Death occurred at <u>3/ A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>J. O. Mudd</u> (Degree or title) <u>DO 2</u>			22b. ADDRESS <u>Louisiana Mo</u>		22c. DATE SIGNED <u>8/15/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8-15-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt Aire Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Cyrene Missouri</u>	
24. FUNERAL DIRECTOR <u>J. O. Mudd</u> <u>Bowling Green</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>Aug-18-1958</u>		26. REGISTRAR'S SIGNATURE <u>Bernice Pollock</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 *James C. Mudd*

Licensed Embalmer No. *4152*
P. O. Address *Bowling Green,*

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.