

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038578

STATE FILE NUMBER

FILED OCT 28 1958

Registration District No.

336

Primary Registration District No.

61
4-493

Registrar's No.

370

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Shannon</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Shannon</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Birch Tree</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>Birch Tree</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Home</i>		Length of stay in lb <i>years</i>	d. STREET ADDRESS (If outside, give location) <i>Route 1</i>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Luther Edgar Rutledge</i>			4. DATE OF DEATH Month Day Year <i>Oct. 2, 1958</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Dec. 18, 1905</i>	9. AGE (In years last birthday) <i>52</i>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <i>Timber</i>		10b. KIND OF BUSINESS OR <i>Mill Owner</i>	11. BIRTHPLACE (City and state or country) <i>Reynolds Co., Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>Wm. Taylor Rutledge</i>		13b. MOTHER'S MAIDEN NAME <i>Suella Stotler</i>		14. NAME OF HUSBAND OR WIFE <i>Dessie Shaulding</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>yes</i>	17. INFORMANT Address <i>Dessie Rutledge, Birch Tree, Missouri</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Crown Heart Disease</i>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					<i>4201</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <i>Oct 2 1958</i> to <i>Oct 2 1958</i> and last saw ^{her} / _{him} alive on <i>Oct 2 1958</i> Death occurred at <i>2:30 p.m.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Stanley Barum O.O. 2</i>			22b. ADDRESS <i>Mtn View, Mo</i>		22c. DATE SIGNED <i>10-17-58</i>
23a. BURIAL, CREMATION REMOVAL (Specify) <i>burial</i>		23b. DATE <i>10/5/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Oak Forest Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Birch Tree, Missouri</i>
24. FUNERAL DIRECTOR ADDRESS <i>Duncan Funeral Home Mtn View, Mo.</i>			25. DATE RECD. BY LOCAL REG. <i>10-27-58</i>	26. REGISTRAR'S SIGNATURE <i>Mobile Gaeley</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 7 1959

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 *Richard A. Norton*

Licensed Embalmer No. *5029*
P. O. Address *Mt. Vernon*

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.