RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–029516
STATE FILE NUMBER

FILED VS SEP 2 1959

Registration District No. 56 Primary Registration District No. 2001 Registrar's No. 414

DED

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN
Length of stay in 1b ALWAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 318 N. WASHINGTON
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI COUNTY JASPER
c. CITY OR TOWN JOPLIN
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 318 N. WASHINGTON (If outside, give location)
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First CLARENCE Middle EDWARD Last RUTTER
4. DATE OF DEATH Month AUGUST Day 18, Year 1959
5. SEX M
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 10-3-1903
9. AGE (last birthday) 55
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER
10b. KIND OF BUSINESS OR INDUSTRY MESSICK, INC.
11. BIRTHPLACE (City and state or country) JOPLIN, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME EDWARD RUTTER
13b. MOTHER'S MAIDEN NAME ANNA ALLEN
14. NAME OF HUSBAND OR WIFE POTOSI RUTTER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNK (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. UNK
17. INFORMANT MRS. POTOSI RUTTER, Address 318 N. WASHINGTON

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) Pulmonary Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Metastatic Carcinoma — 2 yrs
DUE TO (c) Primary Cancer of sigmoid colon
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 8-9-58, to 8-18-59 and last saw ~~her~~ him alive on 8-12-59
Death occurred at 6:05 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Donald R. Patterson M.D. (Degree or title)
22b. ADDRESS 2509 Jackson Joplin
22c. DATE SIGNED 8-20-59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 8-21-59
23c. NAME OF CEMETERY OR CREMATORY OSBORNE MEMORIAL,
23d. LOCATION (City, town, or county) JOPLIN, MISSOURI (State)

24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, ADDRESS JOPLIN, MO.
25. DATE RECD. BY LOCAL REG. 8-27-1959
26. REGISTRAR'S SIGNATURE Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed F. M. Jones

Signature of Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.