

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-014925

LED VS. MAY 9 1960

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 523 STATE FILE NUMBER

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| 1. PLACE OF DEATH<br>a. COUNTY <u>GREENE</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>SPRINGFIELD</u>                   |  | Length of stay in 1b<br><u>80 YRS.</u>  | c. CITY OR TOWN <u>SPRINGFIELD</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                    |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>FOSTER NIRSING HOME</u> |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><u>449 S. GRANT</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <u>ISA</u> Middle <u>CORAL</u> Last <u>RUTLEDGE</u> | 4. DATE OF DEATH<br>Month <u>MAY</u> Day <u>3</u> Year <u>1960</u> |
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|                      |                               |  |                                |                                  |  |  |
|----------------------|-------------------------------|--|--------------------------------|----------------------------------|--|--|
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>8/8/77</u> | 9. AGE (last birthday) <u>82</u> | IF UNDER 1 YEAR<br>Months <u>  </u> Days <u>  </u> | IF UNDER 24 HR<br>Hours <u>  </u> Min. <u>  </u> |
|----------------------|-------------------------------|--|--------------------------------|----------------------------------|--|--|

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|--|-----------------------------------|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>HOME</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country)<br><u>INDIANAPOLIS, IND.</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u> |
|--|-----------------------------------|---|---|

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|---|--|--|
| 13a. FATHER'S NAME<br><u>WILLIAM HENRY BOLDEN</u> | 13b. MOTHER'S MAIDEN NAME<br><u>FLORA DRISCOLL</u> | 14. NAME OF HUSBAND OR WIFE<br><u>JAMES H RUTLEDGE (DEC)</u> |
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|   |                                      |  |         |
|---|--------------------------------------|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u> | 16. SOCIAL SECURITY NO.<br><u>NO</u> | 17. INFORMANT<br><u>FLOYD RUTLEDGE, SPRINGFIELD, MO.</u> | Address |
|---|--------------------------------------|--|---------|

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>uremia</u> |   | INTERVAL BETWEEN ONSET AND DEATH  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) <u>urteral obstruction</u>                             |   |
|   | DUE TO (c) <u>metastatic syngonous adenocarcinoma generalized</u> |   |
| 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 pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED?<br>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.) |
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|   |                  |
|---|------------------|
| 20c. TIME OF INJURY<br>Hour <u>  </u> a.m. <u>  </u> p.m. <u>  </u> | Month, Day, Year |
|---|------------------|

|  |  |                              |        |       |
|--|--|------------------------------|--------|-------|
| 20d. INJURY OCCURRED WHILE AT WORK <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 4-1-59 to 5-3-60 and last saw <sup>her</sup>him alive on 5-1-60  
Death occurred at 2:20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

|  |   |                                   |
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| 22a. SIGNATURE<br><u>MABonbrake MD</u> (Degree or title) | 22b. ADDRESS<br><u>Prof. Billy Springfield Mo</u> | 22c. DATE SIGNED<br><u>5-4-60</u> |
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|  |                            |  |  |
|--|----------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u> | 23b. DATE<br><u>5/6/60</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>BRICK CHURCH CEM.</u> | 23d. LOCATION (City, town, or county)<br><u>NEAR, SPRINGFIELD, MO.</u> (State) |
|--|----------------------------|--|--|

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| 24. FUNERAL DIRECTOR<br><u>H.H. LOHMEYER,</u> ADDRESS<br><u>SPRINGFIELD, MO.</u> | 25. DATE RECD. BY LOCAL REG.<br><u>5-5-60</u> | 26. REGISTRAR'S SIGNATURE<br><u>Effie S. Melton</u> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 23 1960

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed *W. M. Carr*

Licensed Embalmer No. 2727

P. O. Address *Springfield*

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.