

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018462

AMENDED

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 30

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUN 6 1961

1. PLACE OF DEATH
 a. COUNTY Pemiscot
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Caruthersville Length of stay in lb 60yrs
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION East 19th St. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Pemiscot
 c. CITY OR TOWN Caruthersville Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 501 East 19th St. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Sherman Middle Rutherford Last May-26-1961
 4. DATE OF DEATH Month May Day 26 Year 1961

5. SEX M 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH July 30, 1864 9. AGE (last birthday) 96 IF UNDER 1 YEAR Months 9 Days 27 IF UNDER 24 HR 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 Jackson Tennessee 11. BIRTHPLACE (City and state or country) U.S.A. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Wm. Rutherford 13b. MOTHER'S MAIDEN NAME Centhia Murr 14. NAME OF HUSBAND OR WIFE None

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. none 17. INFORMANT Alfred Rutherford, C'Ville, Mo Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) SENILITY
 DUE TO (b) BI-LATERAL PNEUMONITIS INTERVAL BETWEEN ONSET AND DEATH 22 day
 DUE TO (c) _____
 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) _____
 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 _____ Month, Day, Year _____ a.m. p.m.

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 CARUTHERSVILLE, PEMISCOT, MISSOURI COUNTY STATE

21. I attended the deceased from MAY 4, 1961 to MAY 26, 1961 and last saw ^{her}him alive on 5-25-61
 Death occurred at 2:25 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) 22b. ADDRESS CARUTHERSVILLE, MO. 22c. DATE SIGNED 5-28-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE May 28, 1961 23c. NAME OF CEMETERY OR CREMATORY Little Prairie 23d. LOCATION (City, town, or county) (State) Caruthersville Missouri

24. FUNERAL DIRECTOR Noel C. Dean C'Ville, Mo. 25. DATE RECD. BY LOCAL REG. 5-30-61 26. REGISTRAR'S SIGNATURE [Signature]

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

Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Carruthersville
MO

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.