

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014533
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 64 Primary Registration District No. 5245 Registrar's No. 15

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 14 1962

1. PLACE OF DEATH
 a. COUNTY **Chariton**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Keytesville Township** Length of stay in 1b **3 years**
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **Chariton County Nursing Home** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **Chariton**
 c. CITY OR TOWN **Salisbury** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **South Edson St.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **Mary Elizabeth Rudder**
 4. DATE OF DEATH Month Day Year **May 10, 1962**

5. SEX **female** 6. COLOR OR RACE **white** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **6/30/1873** 9. AGE (last birthday) **88** 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) **housewife** 10b. KIND OF BUSINESS OR INDUSTRY **home** 11. BIRTHPLACE (City and state or country) **Chariton County, Mo.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **VanSickle** 13b. MOTHER'S MAIDEN NAME **Elizabeth Cox** 14. NAME OF HUSBAND OR WIFE **Oliver Henry Rudder**

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 **Mr. Wesley Rudder** Address **613 E. Benton Carrolton, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Cerebral Hemorrhage**
 DUE TO (b) **Hypertensive Bleeding**
 DUE TO (c) **Age & TB. Neg**
 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 1960 and last saw her alive on May 10-62 10 AM
 Death occurred at Cap Red Home 1 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **J L Fetzer** (Degree or title) **DO** 22b. ADDRESS **Brunswick Mo** 22c. DATE SIGNED **5/11-62** (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 23b. DATE **5/12/62** 23c. NAME OF CEMETERY OR CREMATORY **Salisbury City Cemetery** 23d. LOCATION (City, town, or county) **Salisbury, Mo.**

24. FUNERAL DIRECTOR **Chas. B. Winkelmeier, Salisbury, Mo.** ADDRESS **Salisbury, Mo.** 25. DATE RECD. BY LOCAL REG. **May 12, 1962** 26. REGISTRAR'S SIGNATURE **Ronald Ruyper Olive Spencer**

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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 ITEM NO.
 BY AFFIDAVIT OF

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON
 Dr Fetzer - Brunswick

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 Chas B Winkebmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury, 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.