

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-302724

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 224 Primary Registration District No. 5866 Registrar's No. 79

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

FILED JAN 23 1963

VS 300
Rev. 4/59

09.50
207.50

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Oregon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Oregon									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Myrtle, Mo.			Length of stay in lb 48yrs.		c. CITY OR TOWN Myrtle, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. # 1,				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rt. 1,		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print) Thomas Gilbert Rutledge						4. DATE OF DEATH 1-11-1963							
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/27/1877		9. AGE (last birthday) 85		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister				10b. KIND OF BUSINESS OR INDUSTRY Ministry		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME John Rutledge				13b. MOTHER'S MAIDEN NAME Elizabeth Roark				14. NAME OF HUSBAND OR WIFE Deceased					
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 Address James Rutledge - Myrtle, Missouri							
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Palmo schotic gangrene										INTERVAL BETWEEN ONSET AND DEATH years			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Heart Disease													
DUE TO (c) advanced Palmo schotic													
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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 a.m. p.m. Month, Day, Year													
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 July 1962 to Jan 11 1963 and last saw her alive on Jan 8 1963 Death occurred at 9:55 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) [Signature]						22b. ADDRESS [Address]			22c. DATE SIGNED 1-15-63				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/14/1963		23c. NAME OF CEMETERY OR CREMATORY Myrtle Cemetery			23d. LOCATION (City, town, or county) (State) Myrtle, Missouri						
24. FUNERAL DIRECTOR M.C. McDaniel				ADDRESS Pocahontas, Ark.		25. DATE RECD. BY LOCAL REG. 1-15-63		26. REGISTRAR'S SIGNATURE [Signature]					

USE BLACK INK OR TYPEWRITER RIBBON

FEB 8 1963

0.025
0.025

No permit

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 *M. C. McNeill*

Licensed Embalmer No. *680 (Ark.)*
P. O. Address *Jacobsenter, Ark.*

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.

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