

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11230
State File No.

FILED MAR 30 1949

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6157 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard (6.3)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Richland)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Pike)	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) Tanner	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Will b. (Middle) Rush c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) March 18 1949		
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Unknown	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mississippi	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mattie Rush	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Matgie Rush, Tanner, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coroners Jury decided that he died from natural causes, probably from starvation and exposure due to his mind being affected and he wandered away from home and became lost.				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (c) became lost.					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1945				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Rural road		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Buffington Stoddard Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **7.30 A.** from the causes and on the date stated above.

23a. SIGNATURE Way W. Rainey (Degree or title) Coroner		23b. ADDRESS Dexter Mo.		23c. DATE SIGNED 3-19-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-22-49		24c. NAME OF CEMETERY OR CREMATORY Sunset Park Cem	
24d. LOCATION (City, town, or county) (State) Sikeston Mo.		DATE REC'D BY LOCAL REG. Mar. 25-49		REGISTRAR'S SIGNATURE Loose	
25. FUNERAL DIRECTOR'S SIGNATURE Webber		ADDRESS Strickland-Rainey Dexter, Mo.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Office No. 2

District File Number 349-47

Date Filed 7-29-49

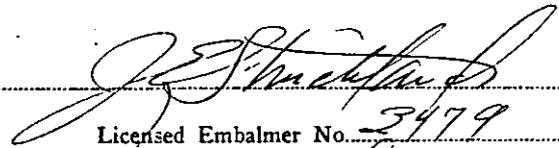
STATEMENT BY LICENSED EMBALMER

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.

Signed _____



Licensed Embalmer No. 3479

Signed _____
Student Embalmer

P. O. Address Denton, W. Va.

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 this body is not embalmed, fact should be so stated above.