

FILED SEP 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29515**BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1039

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1923 So. 4th St.</u>		d. STREET ADDRESS (If rural, give location) <u>1923 So. 4th St.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EDWARD</u>	b. (Middle) <u>L.</u>	c. (Last) <u>RUSOW</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9 7 1950</u>
-------------------------------------	--------------------------	-----------------------	------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	8. DATE OF BIRTH <u>6-11-1894</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	--	-----------------------------------	---	-----------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work demanding most of working life, even if retired) <u>Night Watchman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Letts Box Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Webb City, Oregon /</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	--	--

13a. FATHER'S NAME <u>Peter Rusow</u>	13b. MOTHER'S MAIDEN NAME <u>Daisy ?</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Rusow</u>
---------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>500-07-1204</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Orville Rusow, 1923 So. 4th St.</u>	ADDRESS
--	--	--	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Insufficiency 1 day</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Man died suddenly at his home without recent</u>		<u>42:01</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>serious illness or disability</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>He had complained of frequent attacks of indigestion.</u>	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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 viewed the deceased on 9/7, 1950, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. F. Mundy M.D. (Coroner)</u>	23b. ADDRESS <u>St. Joseph, Mo.</u>	23c. DATE SIGNED <u>9/8/50</u>
--	-------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-9-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Aahland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>
---	---------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Sept. 14, 1950</u>	REGISTRAR'S SIGNATURE <u>E. B. Jenkins</u> 382	25. FUNERAL DIRECTOR'S SIGNATURE <u>John B. Rupp</u>	ADDRESS <u>St. Joseph, Mo.</u>
--	--	--	--------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

John E. Rupp

Licensed Embalmer No. *3986*

P. O. Address *St Joseph Mo*

Signed _____
Student Embalmer

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.