No. 300
10.48

FILED OCT 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31234

BIRTH NO. _____ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 5880 Registrar's No. 33

760

1. PLACE OF DEATH
a. COUNTY: Osage
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Crawford township
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Linn, Mo. R # 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Osage 760
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Crawford Township
d. STREET ADDRESS (If rural, give location): Linn, Mo., R # 2

3. NAME OF DECEASED (Type or Print)
a. (First): Ferdinand
b. (Middle):
c. (Last): Rustemeyer

4. DATE OF DEATH (Month) (Day) (Year): Oct. 2, 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 19 1887
9. AGE (In years last birthday): 63 — If under 1 year: Months 8, Days 13; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer self employed
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Loose Creek, Mo.
12. CITIZEN OF WHAT COUNTRY?: This

13a. FATHER'S NAME: Joseph Rustemeyer
13b. MOTHER'S MAIDEN NAME: Elizebeth Blume
14. NAME OF HUSBAND OR WIFE: Julia Bogler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Vito Albrizzi, St. Louis, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-1-, 1950, *to* _____, 19____, *that I last saw the deceased alive on* 10-1-, 1950, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Norman W. Baldwin D.O.
23b. ADDRESS: Linn
23c. DATE SIGNED: 10-2-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/4/50
24c. NAME OF CEMETERY OR CREMATORY: St. Georges
24d. LOCATION (City, town, or county) (State): Linn, Mo.

DATE REC'D BY LOCAL REG.: Oct 7-1950
REGISTRAR'S SIGNATURE: Zadow Miller 235
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Morton Funeral Home Linn, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
OCT - 9 1950
DISTRICT HEALTH OFFICE No. 4
File No. .....

JUN 26 1953

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Vernon M. Morton

Signed.....
Student Embalmer

Licensed Embalmer No. 425

P. O. Address Linn 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 this body is not embalmed, fact should be so stated above.