

FILED JAN 31 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2034

0780
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 4403 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Peru</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Peru</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Steele</u>		c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Steele</u>		0780
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>In Home</u>			d. STREET ADDRESS (If rural, give location) <u>In Home</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rilda</u>		b. (Middle) <u>Alice</u>	c. (Last) <u>Kelley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-5-51</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (By what) <u>Widowed</u>	8. DATE OF BIRTH <u>10-14-1856</u>	9. AGE (In years last birthday) <u>94</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>21</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home work</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>IL 8 June</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Andrew Rushing</u>		13b. MOTHER'S MAIDEN NAME <u>Jane De Varin</u>		14. NAME OF HUSBAND OR WIFE	
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Max L Kelley Steele Mo</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>			INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>None</u>			<u>49ix</u>
		DUE TO (c) <u>Senility</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Same as stated</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>No operation</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Carter Township, Steele Mo</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>No report</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>June 1</u> , 19 <u>51</u> , to <u>June 5</u> , 19 <u>51</u> that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>J. W. Robinson MD</u> (Degree or title)			23b. ADDRESS <u>Steele Mo</u>	23c. DATE SIGNED <u>1-26-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-3-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u>	24d. LOCATION (City, town, or county) (State) <u>Steele Mo</u>		
DATE REC'D BY LOCAL REG. <u>1-25-51</u>	REGISTRAR'S SIGNATURE <u>J. W. Robinson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Samson Ford & Steele Mo</u>	ADDRESS		

1-51-28

W. H. Joehner, M. D.
Remick County Health Department
Caruthersville, Missouri

JAN 31 REC'D

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.....

John H. German

Signed.....

Student Embalmer

Licensed Embalmer No. 4355

P. O. Address. Hayti, 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.