V.S. No. 300
Rev. 10-48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36512

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 482

0124

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

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POPLAR BLUFF
c. LENGTH OF STAY (in this place): 10DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CARTER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ELLSINORE 0180
d. STREET ADDRESS (If rural, give location): RR #1

3. NAME OF DECEASED (Type or Print)
a. (First): LEROY
b. (Middle): J.
c. (Last): RUSH

4. DATE OF DEATH (Month) (Day) (Year): NOVEMBER 13, 1951

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED 3
8. DATE OF BIRTH: 3-23-97
9. AGE (In years last birthday): 54 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LIQUOR STORE OWNER
10b. KIND OF BUSINESS OR INDUSTRY: SELLING LIQUOR
11. BIRTHPLACE (State or foreign country): CHICAGO, ILLINOIS 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOSEPH RUSH
13b. MOTHER'S MAIDEN NAME: NELLIE COMBIE
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: VA HOSPITAL RECORDS

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) PULMONARY INFARCTION. RCC
THROMBOPHLEBITIS. RCC
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) BRONCHOGENIC CARCINOMA, RCC
CONGENITAL PULMONARY CYST, RIGHT MIDDLE AND LOWER LOBE. RCC
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. CHRONIC ORGANIZING PNEUMONITIS, RIGHT MIDDLE AND LOWER LOBE. RCC

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 162X
20. AUTOPSY? YES [X] 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* VA *attended the deceased from* November 3, 1951, *to* November 13 1951, ~~[illegible]~~ *and that death occurred at* 6:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): ROY W. HARRELL, M. D., O. D. 0
23b. ADDRESS: VA HOSPITAL, POPLAR BLUFF, MO.
23c. DATE SIGNED: 11-14-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 5
24b. DATE: Nov/14/51
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Chicago, Illinois

DATE REC'D BY LOCAL REG.: Nov 15-1951
REGISTRAR'S SIGNATURE: Wm. H. Johnson 428
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Greer Croy & Fitch

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
NOV. 21 1951
BUTLER CO. HEALTH CENTER
FILE No. 1151-518

OCT 4 1951

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 Joseph R. Matlock

Signed.....
Student Embalmer

Licensed Embalmer No. 4-824

P. O. Address Poplar Bluff, 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.