

SI No. 300  
REV. 10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10306**

FILED APR 6 1953  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **3028** Registrar's No. **65**

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

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carthage</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carthage</b>	
c. LENGTH OF STAY (in this place) <b>2 1/2 wks</b>		d. STREET ADDRESS (If rural, give location) <b>1024 S. Fulton</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mc Cune-Brooks</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Martha</b> b. (Middle) <b>A</b> c. (Last) <b>Rusk</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 24, 1953</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>7-3-1860</b>
9. AGE (In years last birthday) <b>92</b>		IF UNDER 1 YEAR Months <b></b> Days <b></b>	IF UNDER 6 MOS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shirt Factory</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Joplin, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>William Westly</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth J. Stevenson</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Hiram Rusk</b> ADDRESS <b>Carthage, Missouri</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Embolus</b> ANTECEDENT CAUSES <b>Fr. Hip et</b> DUE TO (b) <b></b> DUE TO (c) <b></b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <b>3 hrs</b> <b>18 days</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) (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 <b>11-13</b> , <b>1952</b> , to <b>3-24</b> , <b>1953</b> , that I last saw the deceased alive on <b>3-29</b> , <b>1953</b> , and that death occurred at <b>2:30 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>304 Grant Carthage, Mo</b>	
23c. DATE SIGNED <b>3-26-53</b>		24. NAME OF CEMETERY OR CREMATORY <b>Cantenville, Jasper Co., Mo.</b>	
24a. BURLIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-27-53</b>	
24c. LOCATION (City, town, or county) (State)		24d. DATE REC'D BY LOCAL REG. <b>3-27-53</b>	
REGISTRAR'S SIGNATURE <b>J.B. Clinton</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ulmer Funeral Home</b> ADDRESS <b>Carthage, Mo.</b>	

RECEIVED 4-3-53  
Jasper County Health Office

County File Number 53/4/307

Date Filed 4-3-53

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.

Student .....

Student Embalmer

Signed William B. Cantrell

Licensed Embalmer No. 4820

P. O. Address Carters, 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.