

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38031

State File No.

FILED OCT 26 1953

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6154 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>STODDARD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STODDARD</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICHLAND</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICHLAND</u> <u>1030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D., ESSEX, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. 2, ESSEX, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u> b. (Middle) <u>RUSHIN</u> c. (Last) <u>RUSHIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 21 1953</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>JULY 2, 1882</u>		9. AGE (In years) (If under 1 year last birthday) Months Days Hours Mins. <u>71</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) / <u>ILLINOIS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>SAM RUSHIN</u>		13b. MOTHER'S MAIDEN NAME <u>NOT KNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>DOLLIE RUSHIN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>490-14-1061</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>DOLLIE RUSHIN ESSEX, Mo.</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE DILATATION-HEART</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 MIN.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>PULMONARY ASTHMA</u>		<u>YEARS</u>	
		DUE TO (c) <u>CARBONATE ARTERIOSCLEROSIS</u>		<u>YEARS</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CHRONIC MYOCARDITIS</u>		<u>YEARS.</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</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?	
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22. I hereby certify that I attended the deceased from 8-13, 1953 to 10-4, 1953, that I last saw the deceased alive on 10-4, 1953, and that death occurred at 2155A, from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or Title)		23b. ADDRESS <u>Blountfield</u>		23c. DATE SIGNED <u>10-10-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Oct 4, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valley Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stoddard Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Oct. 21, 1953</u>		REGISTRAR'S SIGNATURE <u>Rose Wehler</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Maryann Funeral Home</u>		ADDRESS <u>Blountfield</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

1030

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 H. Mayner

Licensed Embalmer No. 4648

P. O. Address Phoenix, 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.