

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6743**

FILED MAR 4 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1230**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		a. STATE Illinois	b. COUNTY White
c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Carmi	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital		e. STREET ADDRESS (If rural, give location) 8128	

3. NAME OF DECEASED (Type or Print)	a. (First) GLADYS	b. (Middle) G.	c. (Last) RUSHING	4. DATE OF DEATH (Month) (Day) (Year) Feb. 6, 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 11, 1910	9. AGE (In years last birthday) (Months) (Days) (If UNDER 1 YEAR) (If UNDER 24 HRS.) 43
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Mt Vernon, Ind.	
13a. FATHER'S NAME George Gwinn		13b. MOTHER'S MAIDEN NAME Luzena Johnson	14. NAME OF HUSBAND OR WIFE Louis Rushing	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Louis Rushing Carmi Ill		ADDRESS Carmi Ill
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) G ANGRENE OF THE INTESTINE WITH ANTECEDENT CAUSES		1 WK
	DUE TO (b) INFECTION & DEHYDRATION		
DUE TO (c) RECURRENT CARCINOMA OF CERVIX		8yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 171X	

22. I hereby certify that I attended the deceased from **Dec. 31, 1953**, to **Feb. 6, 1954**, that I last saw the deceased alive on **Feb. 6, 1954**, and that death occurred at **2:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. V. Bradley	(Degree or title) M.D.	23b. ADDRESS Barnes Hospital, St. Louis, Mo.	23c. DATE SIGNED Feb. 6, '54
24a. BURIAL, CREMATION REMOVAL (Specify) Reb	24b. DATE 2-7054	24c. NAME OF CEMETERY OR CREMATORY Carmi Ill	24d. LOCATION (City, town, or county) (State) Carmi Ill
DATE REC'D BY LOCAL REG. FEB 8 1954	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed.....
Paul J. Farmer

Licensed Embalmer No.

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.