No. 200
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8004

State File No. _____

BIRTH NO. FILED APR 14 1954 REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 51 ~~53~~

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harrisonville
c. LENGTH OF STAY (In this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Garden City - Camp Branch Twp.
d. STREET ADDRESS (If rural, give location): 6 Miles North West

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3. NAME OF DECEASED (Type or Print)
a. (First): Chris
b. (Middle): W.
c. (Last): Rushly

4. DATE OF DEATH (Month) (Day) (Year): Apr. 4. 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 2, 1868
9. AGE (In years last birthday): 85 | 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): farming
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and State or Foreign Country): Alsace-Lorraine-France
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Chris Rushly
13b. MOTHER'S MAIDEN NAME: Anna Kloptenstein
14. NAME OF HUSBAND OR WIFE: Suzie Rushly
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. C. W. Rushly
ADDRESS: Garden City, Mo.

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) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Post-operative Prostatectomy

19a. DATE OF OPERATION: 30 Mar. 1954
19b. MAJOR FINDINGS OF OPERATION: Hypertrophic Prostate
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ✓
21b. PLACE OF INJURY (At home 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 I attended the deceased from* _____ 19__, *to* Apr 4, 1954, *that I last saw the deceased alive on* Apr 4, 1954, *and that death occurred at* 7:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. P. Burger MD
23b. ADDRESS: Harrisonville Mo.
23c. DATE SIGNED: 6 April 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 7-1954
24c. NAME OF CEMETERY OR CREMATORY: Clearfork Cemetery
24d. LOCATION (City, town, or county) (State): Garden City, Missouri

DATE REC'D BY LOCAL REG.: April 6, 1954
REGISTRAR'S SIGNATURE: Dora Barnard 457-10
25. FUNERAL DIRECTOR'S SIGNATURE: Atkinson & Dickey Funeral Home
ADDRESS: Garden City Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
APR 10 1954
CASS COUNTY
HEALTH DEPARTMENT

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 Billy J. Shirley

Licensed Embalmer No. 4685

P. O. Address Harrisonville, 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.