

FILED MAY 3 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11759

425

BIRTH NO.		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No.		
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY Dallas				
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) BUFFALO, MO		0300		
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hospital				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) Dolores b. (Middle) Rush c. (Last) Horst			4. DATE OF DEATH (Month) (Day) (Year) 4-26-1954					
5. SEX F	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH June 1-1879	9. AGE (In years last birthday) 74	10. MONTHS 10	11. DAYS 25	12. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper		10b. KIND OF BUSINESS OR INDUSTRY HOUSE KEEPER		11. BIRTHPLACE (City and State or Foreign Country) Buffalo MO		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME David Rush		13b. MOTHER'S MAIDEN NAME Vivie Littsey		14. NAME OF HUSBAND OR WIFE Ed Horst				
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. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lola Rush Buffalo, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of sigmoid colon ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastatic carcinomas of Omentum and lymph glands of abdomen DUE TO (c) Coronary occlusion II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH unknown 32 hrs	
19a. DATE OF OPERATION 7/2/54		19b. MAJOR FINDINGS OF OPERATION Same as above				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. HOW DID INJURY OCCUR?		
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"/>						
22. I hereby certify that I attended the deceased from April 16, 1954 to April 26, 1954, that I last saw the deceased alive on April 26, 1954, and that death occurred at 1:30 p.m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Robert Slym, M.D.				23b. ADDRESS Springfield, MO		23c. DATE SIGNED 4/26/54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-28-54		24c. NAME OF CEMETERY OR CREMATORY Oak Lawn		24d. LOCATION (City, town, or county) (State) Buffalo MO		
DATE REC'D BY LOCAL REG. 4-28-54		REGISTRAR'S SIGNATURE E. W. Williams		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Montgomery Funeral Home Buffalo, MO				

(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
Student Embalmer

Signed Blyde Montgomery

Licensed Embalmer No. 3592

P. O. Address Buffalo, 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.