

FILED DEC 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41743

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 5780 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>MILLER</u>	
b. CITY OR TOWN <u>RURAL-SALINE</u> c. LENGTH OF STAY (in this place) <u>14 YRS</u>		c. CITY OR TOWN <u>RURAL-SALINE</u> <u>0660</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 1/2 mi - E - OLEAN</u>		d. STREET ADDRESS (If rural, give location) <u>3 1/2 mi - E - OLEAN</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>Thornton</u> c. (Last) <u>Rush</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov - 29 1954</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>13 JUNE 1874</u>
9. AGE (In years last birthday) <u>80</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>TIMBER</u>	11. BIRTHPLACE (State or foreign country) <u>MILLER-Co-Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James-Rush</u>	13b. MOTHER'S MAIDEN NAME <u>Jane-Lovell</u>
14. NAME OF HUSBAND OR WIFE <u>CORA-Rush</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>
17. INFORMANT'S SIGNATURE OR NAME <u>CORA-Rush</u>		ADDRESS <u>OLEAN</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>MEDICAL CERTIFICATION</u> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</u> ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. 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.			
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR-FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>None</u>		22. I hereby certify that I attended the deceased from _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:05 PM</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>L. S. Humphreys, D.O.</u>		23b. ADDRESS <u>Tusculum, Mo.</u>	
23c. DATE SIGNED <u>11-29-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>2 Dec-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jim-HENRY</u>	
24d. LOCATION (City, town, or county) (State) <u>MILLER-Co-Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith M. Faye</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 2, 1954</u>		REGISTRAR'S SIGNATURE <u>Edw. Veretta Walt</u>	
ADDRESS <u>ELdon</u>		Mo	

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

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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 *Keith M. Kays*

Licensed Embalmer No. *3998*

P. O. Address *Eldon 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.