

FILED MAY 5 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11369**

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **1320**

1. PLACE OF DEATH a. COUNTY Cole 0267		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole 0267	
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson City		c. CITY - OR TOWN Jefferson City	
c. LENGTH OF STAY (in this place) lifetime		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		e. STREET ADDRESS (If rural, give location) 117 E. Dunklin Street	

3. NAME OF DECEASED a. (First) HERBERT b. (Middle) FRANK c. (Last) RUSCH			4. DATE OF DEATH (Month) (Day) (Year) April 28 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced ~3	
8. DATE OF BIRTH May 8th 1904		9. AGE (In years has birthday) 50		10. CITIZENSHIP (If under 18, specify) USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Florist		10b. KIND OF BUSINESS OR INDUSTRY Floral		11. BIRTHPLACE (City and State or Foreign Country) Jefferson City, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Hugo Busch		13b. MOTHER'S MAIDEN NAME Lina Young	
14. NAME OF HUSBAND OR WIFE Divorced		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 490-09-9110	
17. INFORMANT'S SIGNATURE OR NAME Arthur Busch		17. ADDRESS Madison Street Jefferson City, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hydronephrosis, bilateral		ANTECEDENT CAUSES Renal Failure		6 mos	
*This does not mean the mode of dying, such as heart failure, ashenia, 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. Uremia		2 wks	
DUE TO (b) Urethral Obstruction		DUE TO (c) Perineal Abscess		6 mos	
II. OTHER SIGNIFICANT CONDITIONS Perineal Abscess		Conditions contributing to the death but not related to the disease or condition causing death.		7 mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **1-15, 1955** to **4-28, 1955**, that I last saw the deceased alive on **4-28, 1955**, and that death occurred at **8:21 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Rendall C. Clark, M.D. (Degree or title)		23b. ADDRESS Je # 20 East High Jefferson City, Mo		23c. DATE SIGNED 4/29/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 1st 1955		24c. NAME OF CEMETERY OR CREMATORY Riverview	
24d. LOCATION (City, town, or county) Jefferson City, Mo.		24e. FUNERAL DIRECTOR'S SIGNATURE James E. ...		24f. ADDRESS 700 Jefferson St. Jefferson City, Mo.	

DATE REC'D BY LOCAL REG. **May 2 1955**

REGISTRAR'S SIGNATURE **R.P. Norris MD - DR**

(Licensed Embalmer's Statement on Reverse Side)

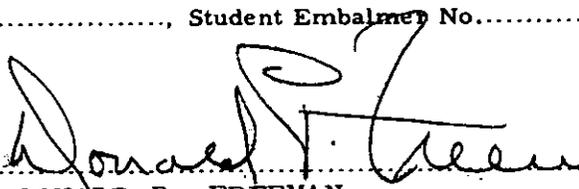
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 28 1958

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 
DONALD P. FREEMAN
Licensed Embalmer No....4623

P. O. Address Jefferson...
Missouri

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.