

FILED SEP 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28773

BIRTH NO. _____		REG. DIST. NO. 360	PRIMARY REG. DIST. NO. 6225	Registrar's No. 86
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Washington)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>6 miles N. of Nevada on</u> 1080		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>High-Way No 71</u>		d. STREET ADDRESS (If rural, give location) <u>Highway #71</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROY</u> b. (Middle) <u>FREDRICK</u> c. (Last) <u>Rushington</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 - 3 - 1955</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wht.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>no</u>	8. DATE OF BIRTH <u>March 21 - 1936</u>	9. AGE (In years last birthday) <u>19</u> 10. IF UNDER 1 YEAR (Months) (Days) <u>5 12</u> 11. IF UNDER 24 HRS. (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Army Surgeon</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Soldier</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Roy F. Rushington Jr.</u>		
13b. MOTHER'S MAIDEN NAME <u>Geraldine Bull</u>		14. NAME OF HUSBAND OR WIFE <u>W</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>496-34-4387</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Geraldine Oldham, Independence</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed chest,</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hours</u>		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>multiple bruises of head and face</u> 8194		
DUE TO (c) <u>killed instantly in one car accident when car struck railing of marmaton bridge</u>		19. DATE OF OPERATION <u>9-3-55</u>		
19b. MAJOR FINDINGS OF OPERATION <u>Bridge on U.S. Highway No. 71 which was under way</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Washington Sp. Vernon Co. Mo.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>108</u> (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9 - 3 - 55 7:55 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>car hit bridge railing</u>
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:15 AM</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Walter D. Thurman, Coroner Nevada Mo.</u>		23b. ADDRESS <u>Independence, Mo.</u>		23c. DATE SIGNED <u>9-3-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9-3-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Local Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Independence, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Funeral Service, Nevada</u>		
DATE REC'D BY LOCAL REG. <u>9-7-55</u>		REGISTRAR'S SIGNATURE <u>Anna G. Perry</u>		ADDRESS <u>9 Mo</u>

(Licensed Embalmers' 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 H. H. Marmaduke

Licensed Embalmer No. 2070

P. O. Address Wvada, 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.