

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17148**

FILED MAY 21 1956

BIRTH NO. _____ REG. DIST. NO. **238** PRIMARY REG. DIST. NO. **5813** Registrar's No. **20**

1. PLACE OF DEATH a. COUNTY NEW MADRID		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY NEW MADRID	
b. CITY OR TOWN R-NEW MADRID		c. CITY OR TOWN NEW MADRID	
d. FULL NAME OF HOSPITAL OR INSTITUTION R#1		e. STREET ADDRESS (If rural, give location) R#1	

3. NAME OF DECEASED (Type or Print) EMMA	a. (First)	b. (Middle)	c. (Last) Rush	4. DATE OF DEATH MAY-5-1956
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5. SEX FEMALE	6. COLOR OR RACE R	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April-21-1901	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) unk. Ky. 1	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Bud McFarland	13b. MOTHER'S MAIDEN NAME _____	14. NAME OF HUSBAND OR WIFE unk
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No.	17. INFORMANT'S SIGNATURE OR NAME CLIFFORD LEVINGSTON, N.M.R.	ADDRESS _____
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) No Medical attendance		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) All renal death - renal		
	DUE TO (c) Due to Apependicitis		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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"/>	21f. HOW DID INJURY OCCUR?
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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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE Fay Hedgepeth (Degree or title)	23b. ADDRESS Carroll New Madrid - Mo	23c. DATE SIGNED May 5-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8 MAY 56	24c. NAME OF CEMETERY OR CREMATORY SANDHILL	24d. LOCATION (City, town, or county) (State) NEW MADRID, Mo.
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DATE REC'D BY LOCAL REG. 8 May 56	REGISTRAR'S SIGNATURE Fay Hedgepeth	25. FUNERAL DIRECTOR'S SIGNATURE Richardson Unit Co. ADDRESS New Madrid, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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DATE RECEIVED MAY 15 1956
NEW MADRID CO. HEALTH CENTER

P. J. S.

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 Tommy L. Roberts

Licensed Embalmer No. 488

P. O. Address New Madrid

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.