

FILED JUL 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23153

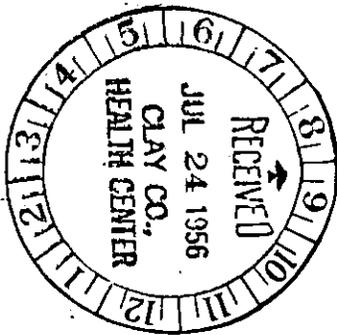
State File No.

BIRTH NO. REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY Clay			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay			
b. CITY OR TOWN Smithville		c. LENGTH OF STAY (in this place) 4 Days	c. CITY OR TOWN Smithville		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 Smithville Community Hosp			f. STREET ADDRESS (If rural, give location) None			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Morton c. (Last) Rusk			4. DATE OF DEATH July 13, 1956			
5. SEX Ma	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 8, 1879		9. AGE (In years last birthday) 76	
			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Building Const.	11. BIRTHPLACE (City and State or Foreign Country) Clay County, Missouri	
					12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George Rusk		13b. MOTHER'S MAIDEN NAME Lucy Howell		14. NAME OF HUSBAND OR WIFE Ninnie E. Cregar Rusk		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 491-20-7834		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ninnie Rusk Smithville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease 20 years DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 5 days
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>1951</u> , to <u>7-13</u> , 1956, that I last saw the deceased alive on <u>7-13</u> , 1956, and that death occurred at <u>Field</u> , from the causes and on the date stated above.						
23a. SIGNATURE Albert E. Dandy M.D.			23b. ADDRESS Smithville, Mo		23c. DATE SIGNED 7-14-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-15-56	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery		24d. LOCATION (City, town, or county) (State) Smithville, Missouri	
DATE REC'D BY LOCAL REG. 7-15-56		REGISTRAR'S SIGNATURE Marquette Hudgens		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McComas Funeral Home Smithville, Mo.		

74-WRITE PLAINLY-USING UNFADING BLACK INK-MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)



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 W. Hanks*.....

Licensed Embalmer No. *452*

P. O. Address *Smithville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.