

FILED SEP 28 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32854

State File No. \_\_\_\_\_  
Registrar's No. 142

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074

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

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kv.</u> b. COUNTY <u>Calloway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>		c. LENGTH OF STAY (in this place) <u>1 Day</u>	c. CITY OR TOWN <u>Murray</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mo. Delta Community Hosn.</u>		d. Residences within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>R#2</u>		<u>01401</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Shirley</u>	b. (Middle) <u>Roy</u>	c. (Last) <u>Rust</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 17, 1956</u>
--	---------------------------	------------------------	-----------------------	---

5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>17 Aug. 1927</u>	9. AGE (In years last birthday) <u>19</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>24</u>	IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>
------------------	---------------------------	---	--------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Service man</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Marine Corp</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	--	--	---

13a. FATHER'S NAME <u>Roland C. Rust</u>	13b. MOTHER'S MAIDEN NAME <u>Maudie Jenkins</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 24 Mar. Sent. 56</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Maudie Rust Wartman,</u> ADDRESS <u>Murray, Ky.</u>
--	-------------------------------	--

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr. and 25 Min.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot wounds</u> (a) Entry 4th & 3rd L. intercostal spaces about nipple; Exit 2nd & 3rd intercostal spaces, post. (b) Entry L. shoulder, ant.; Exit, post. (c) Entry Right occiput. Exit L. occiput. Shock, traumatic, secondary to (1).		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death and related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	<u>976K</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------	--	-------------	--

21a. ACCIDENT (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>451 Riley</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>New Madrid, New Madrid, Mo.</u>
--	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9 11 56 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Gunshot wounds, self inflicted.</u>
---	---	--

22. I hereby certify that I attended the deceased from 9-11, 1956, to 9-11, 1956, that I last saw the deceased alive on 9-11, 1956, and that death occurred at 5:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>William J. Angam</u> (Degree or title) _____	23b. ADDRESS <u>217 S. Kingshighway Sikeston, Missouri</u>	23c. DATE SIGNED <u>9-12-56</u>
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>13 Sept. 56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>New Madrid, Missouri</u>
---	------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>9-17-56</u>	REGISTRAR'S SIGNATURE <u>Mrs. Clara Hunter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Richards Undertaking Co.</u> ADDRESS <u>New Madrid, Mo.</u>
---	--	---

DATE RECEIVED SEP 24 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 956-197

OCT 3 1956

OCT 26 1956

OCT 30 1956

**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 *Thomas S. Roberts*

Licensed Embalmer No. 4886

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.