

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 22 1956

State File No. **34914**

BIRTH NO. **53140-56** REG. DIST. NO. **270** PRIMARY REG. DIST. NO. **3050** Registrar's No. **70**

1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Caruthersville</b>	c. LENGTH OF STAY (In this place) <b>1 Mo 20 Da</b>	c. CITY OR TOWN <b>Caruthersville</b>	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 <b>1313 Hickory Street Rear</b>		• STREET ADDRESS (If rural, give location) <b>1313 Hickory Street</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Lendia</b>	b. (Middle) <b>Kaye</b>	c. (Last) <b>RUSUS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>10 11 56</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>INFANT</b>	8. DATE OF BIRTH <b>8-21-56</b>	9. AGE (In years last birthday) <b>1</b> MONTHS <b>20</b> DAYS	IF UNDER 1 YEAR <b>1</b> MONTHS <b>20</b> DAYS	IF UNDER 24 HRS. <b>0</b> HRS. <b>0</b> MINS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <b>←</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Pemiscot Me M Hospital</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>Richard Otto Rusus</b>	13b. MOTHER'S MAIDEN NAME <b>Beatris Lee Hurd</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>10 min?</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Suffocation</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>Found dead in bed</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death:		<b>9240</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>none</b>	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 <b>Caruthersville, Pemiscot, Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>no</b>	21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> AT WORK <input type="checkbox"/> NOT AT WORK	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **8-21-**, 19**56**, to **10-11-**, 19**56** that I last saw the deceased alive on **8-27-**, 19**56** and that death occurred at **6:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>D. W. Cook M.D.</b>	23b. ADDRESS <b>Caruthersville, Mo.</b>	23c. DATE SIGNED <b>10-15-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10/12/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Paul</b>	24d. LOCATION (City, town, or county) STATE <b>Caruthersville, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Oct 15, 1956</b>	REGISTRAR'S SIGNATURE <b>Jessie B. White</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. G. Smith</b>	ADDRESS <b>Hayti, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

470

10-275-56

OCT 19 1956

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

~~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.....

Licensed Embalmer No.....

P. O. Address.....

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.