

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38459**

FILED DEC 14 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 533

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JASPER</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>JOPLIN</b> | c. LENGTH OF STAY (in this place)<br><b>40 YRS</b> | c. CITY OR TOWN <b>JOPLIN</b>   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>1327 PENN</b>                                   |  | STREET ADDRESS (If rural, give location)<br><b>1327 PENN.</b>   |  |

|                                     |                          |                        |                       |   |
|-------------------------------------|--------------------------|------------------------|-----------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>VERDIE</b> | b. (Middle) <b>LEE</b> | c. (Last) <b>RUSH</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>NOV 28 1956</b> |
|-------------------------------------|--------------------------|------------------------|-----------------------|---|

|                      |                               |  |                                      |   |  |  |
|----------------------|-------------------------------|--|--------------------------------------|---|--|--|
| 5. SEX <b>FEMALE</b> | 6. COLOR OR RACE <b>WHITE</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>WIDOWED</b> | 8. DATE OF BIRTH <b>MAR 10, 1882</b> | 9. AGE (In years last birthday) <b>74</b> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 24 HRS.<br>Hours _____ Min. _____ |
|----------------------|-------------------------------|--|--------------------------------------|---|--|--|

|   |  |  |   |
|---|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>HOUSEWIFE</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>DOMESTIC</b> | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>TEXAS</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |
|---|--|--|---|

|  |  |  |
|--|--|--|
| 13a. FATHER'S NAME<br><b>SAMUEL MEDLEN</b> | 13b. MOTHER'S MAIDEN NAME<br><b>JOANNA HADDOCK</b> | 14. NAME OF HUSBAND OR WIFE<br><b>JESS RUSH (DECD)</b> |
|--|--|--|

|   |                                     |   |                          |
|---|-------------------------------------|---|--------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>—</b> | 17. INFORMANT'S SIGNATURE OR NAME<br><b>ODES RUSH</b> | ADDRESS<br><b>JOPLIN</b> |
|---|-------------------------------------|---|--------------------------|

|  |  |  |                                  |
|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Toxic intestinal hemorrhage</b>  |  | INTERVAL BETWEEN ONSET AND DEATH |
|  | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>carcinomatosis</b> |  |                                  |
|  | DUE TO (c) <b>Primary carcinoma of uterus</b>  |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>YES <input type="checkbox"/> NO <input checked="" 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)<br><b>1748</b> |
|--|--|--|

|  |  |                            |
|--|--|----------------------------|
| 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? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from Sept 5<sup>th</sup>, 1956, to Nov, 1956, that I last saw the deceased alive on 11-22, 1956, and that death occurred at 11:00 P. m., from the causes and on the date stated above.

|  |  |                                     |
|--|--|-------------------------------------|
| 23a. SIGNATURE (Degree or title)<br><b>Donald R. Peterson MD</b> | 23b. ADDRESS<br><b>Friend Bldg Joplin Mo</b> | 23c. DATE SIGNED<br><b>11-30-56</b> |
|--|--|-------------------------------------|

|  |                                 |   |   |
|--|---------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b> | 24b. DATE<br><b>DEC 3, 1956</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>DOZARK MEM</b> | 24d. LOCATION (City, town, or county) (State)<br><b>JOPLIN MO</b> |
|--|---------------------------------|---|---|

|  |  |   |                                |
|--|--|---|--------------------------------|
| DATE REC'D BY LOCAL REG.<br><b>12-3-1956</b> | REGISTRAR'S SIGNATURE<br><b>Nooe Merriam</b> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Furberat</b> | ADDRESS<br><b>Glenn Joplin</b> |
|--|--|---|--------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 56-13-187  
Date Filed DEC 11 1958

1958

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.....  
*Dale G...*

Licensed Embalmer No. 45

P. O. Address.....  
*Joplin*

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.