

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25058
STATE FILE NUMBER

FILED AUG 6 1957

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 364

300
1-57

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) Joplin		c. CITY OR TOWN Joplin	
c. FULL NAME OF (If NOT in hospital, give location) General Hospital		d. STREET ADDRESS (If outside, give location) 508 Broadway	
3. NAME OF DECEASED (Type or print) First PRISCILLA Middle ELIZABETH Last RUSTIN		4. DATE OF DEATH Month 7 Day 19 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2-21-1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaking	9. AGE (In years last birthday) 81
11. BIRTHPLACE (City and state or country) Kerwin, Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Scott W. Bunker		13b. MOTHER'S MAIDEN NAME Mary Ellen Larimer	
14. NAME OF HUSBAND OR WIFE Alfred J. Rustin		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Grace Youngman, 508 Broadway Joplin, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Toxemia due to diabetic coma			INTERVAL BETWEEN ONSET AND DEATH 5 days
DUE TO (b) diabetes mellitus			12 yr.
DUE TO (c) cardiovascular renal syndrome			1 yr.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 260x			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Joplin		COUNTY MO STATE MO	
21. I attended the deceased from 1952 to 7-19-57 and last saw her alive on 7-19-57 Death occurred at 1:15P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Dr. Thistle</i> (Degree or title)		22b. ADDRESS 521 W. 4th Joplin, Missouri	
22c. DATE SIGNED 7-23-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-22-1957	
23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park Cem.		23d. LOCATION (City, town, or country) (State) Joplin, Mo	
24. FUNERAL DIRECTOR Thornhill-Dillon		ADDRESS Joplin, Mo	
25. DATE RECD. BY LOCAL REG. 7-30-1957		26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

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County File Number: 57-8-6
Date Filed: AUG 5 1967

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 David Dillon

Licensed Embalmer No. 3898

P. O. Address John M...

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.