

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31489

STATE FILE NUMBER

FILED OCT 7 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 937

300  
-57

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Pleasanton</u> 815 <sup>th</sup>
c. FULL NAME OF (If not hospital, give location) HOSPITAL OR INSTITUTION <u>Mercy Infirmary</u>		Length of stay in lb <u>2 wks</u>	d. STREET ADDRESS (If outside, give location) <u>No Street address</u>
3. NAME OF DECEASED (Type or print) <u>Lelia Rusk</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>26</u> Year <u>1957</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 8 1875</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>82</u>
11. BIRTHPLACE (City and state or country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Steve Phillip Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Beard</u>	
14. NAME OF HUSBAND OR WIFE <u>Isaac Rusk</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Dean Lourance Lebanon, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral artery thromboses</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 wks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>332X</u>	
20c. TIME OF INJURY Hour _____ 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 <u>10 Sept 57</u>		COUNTY <u>Greene</u> STATE <u>Mo</u>	
21. I attended the deceased from Death occurred at <u>7:30</u> A. m on the date stated above; and to the best of my knowledge, from the causes stated.		and last saw her alive on <u>26 Sept 57</u> at <u>20 Sept 57</u>	
22a. SIGNATURE <u>Francis M Maple M.D</u>		22b. ADDRESS <u>Springfield, Mo</u>	
22c. DATE SIGNED <u>21 Sept 57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9/30/57</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>White Oak Pond Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Laclede Co. Mo.</u>	
24. FUNERAL DIRECTOR <u>Holman Lebanon, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-30-57</u>	
26. REGISTRAR'S SIGNATURE <u>Smith Williamson</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Dorsey M. Howe*

Licensed Embalmer No. *4222*

P. O. Address *Lebanon,*

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.