

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

59-039434

FILED VS NOV 19 1959

Registration District No. 77

Primary Registration District No. 2016

Registrar's No. 3201

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>COLE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JEFFERSON CITY</u>		Length of stay in 1b <u>4 da</u>		c. CITY OR TOWN <u>Eldon</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. MARY'S Hospt.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>811 S. AURORA</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last <u>CLARENCE HENRY RUSH</u>				4. DATE OF DEATH Month Day Year <u>Nov. 13, 1959</u>									
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>CAUCASIAN</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>9-10-1892</u>		9. AGE (last birthday) <u>67</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILWAY ENGINEER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>CRIP. RAILROAD</u>		11. BIRTHPLACE (City and state or country) <u>OSAGE CITY, MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>John W. Rush</u>				13b. MOTHER'S MAIDEN NAME <u>MARRIE CASE</u>				14. NAME OF HUSBAND OR WIFE <u>MARION Hill Rush</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.		17. INFORMANT Address <u>MRS. C.H. RUSH Eldon, 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>arteriosclerotic Heart Disease</u>										INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</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)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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.)									
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <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		COUNTY		STATE					
21. I attended the deceased from <u>Nov 9, '59</u> to <u>Nov. 13, '59</u> and last saw ^{her} him alive on <u>Nov. 13, '59</u> Death occurred at <u>8:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>Earl L. Loyd, M.D.</u>						22b. ADDRESS <u>Jefferson City, Mo.</u>			22c. DATE SIGNED <u>11-17-59</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>11-15-1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Eldon</u>		23d. LOCATION (City, town, or county) <u>Eldon</u>		(State) <u>Mo.</u>					
24. FUNERAL DIRECTOR <u>Louis D. Phillips</u>				ADDRESS <u>Eldon, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>19 Nov. 1959</u>		26. REGISTRAR'S SIGNATURE <u>R.P. Norris, MD - M. Richter, Sp.</u>					

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS FEB 5 1960

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 Don E. Phillips, Student Embalmer No. 583
working under my personal supervision.

Student Don E. Phillips
Signature of Student Embalmer

Signed Louis A. Phillips

Licensed Embalmer No. 3663

P. O. Address Caedon

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.