

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

4302 - 61-029607  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

DATE AMENDED: 8-31-61  
INSTEAD OF: NO  
BY AFFIDAVIT OF: Son - Frank Rush  
DOCUMENT: Discharge Papers  
MEDICAL CERTIFICATION: Gentry

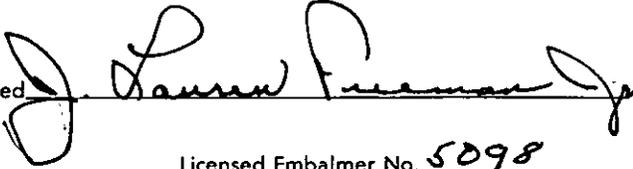
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> , COUNTY <b>Jackson</b>											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>20 yrs.</b>		c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1715 1/2 W. 39th St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First <b>GEORGE</b> Middle <b>W.</b> Last <b>RUSH</b>				4. DATE OF DEATH Month <b>August</b> Day <b>28</b> Year <b>1961</b>											
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>4-26-1901</b>		9. AGE (last birthday) <b>60</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Barber</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>State Hotel</b>		11. BIRTHPLACE (City and state or country) <b>Corydon, Iowa</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>							
13a. FATHER'S NAME <b>F. P. Rush</b>				13b. MOTHER'S MAIDEN NAME <b>Cora Mead</b>				14. NAME OF HUSBAND OR WIFE <b>Mildred C. Rush</b>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES No World War I</b>						17. INFORMANT Address <b>Frank Rush 3823 Genessee</b>									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Primary Hypertension of left</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Kidney &amp; Extremities malnourish</b> DUE TO (c) <b>and liver metastasis</b>										INTERVAL BETWEEN ONSET AND DEATH					
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 <b>7-20-61</b> to <b>8-28-61</b> and last saw her/him alive on <b>8-28-61</b> . Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <i>[Signature]</i>						22b. ADDRESS <b>324 E 11th (C) Mo</b>				22c. DATE SIGNED <b>8-29-61</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>8-30-61</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>				23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>							
24. FUNERAL DIRECTOR ADDRESS <b>Freeman Mortuary Kansas City, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>8-29-61</b>				26. REGISTRAR'S SIGNATURE <i>[Signature]</i>							

J. E. N. Gentry  
324 E. 11th  
K.C. 1-1577  
2:30 - 5

**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. 5098

P. O. Address K.C. Mo.

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.