MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017213

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4092

FILED APR 25 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis, Missouri — Length of stay in 1b: 11 Days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St.Louis Children's Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois b. COUNTY: Williamson
c. CITY OR TOWN: Carterville, Ill. — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 203 Locust Street — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Barbara Middle: Machelle Last: Rushing
4. DATE OF DEATH: Month 4- Day 17- Year 62
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-20-62
9. AGE (last birthday): IF UNDER 1 YEAR Months Days 28 — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Carbondale, Ill.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Everett W. Rushing
13b. MOTHER'S MAIDEN NAME: Anna Crawshaw
14. NAME OF HUSBAND OR WIFE: Single
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Alice Trowbridge, Address: 500 S.Kingshighway

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cardiac Arrest Respiratory Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cyanotic Congenital Heart Disease
DUE TO (c) Anomalous Venous drainage
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 754.5
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 4-6-62, to 4-17-62 and last saw her/him alive on 4-17-62
Death occurred at 12:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Malcolm Farber MD
22b. ADDRESS: St.Louis, Missouri 500 S.Kingshighway,
22c. DATE SIGNED: 4-17-62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-19-62
23c. NAME OF CEMETERY OR CREMATORY: Lipe Cemetery
23d. LOCATION (City, town, or county) (State): Jackson County, Ill.
24. FUNERAL DIRECTOR ADDRESS: Huffman Funeral Home, Carbondale Ill.
25. DATE RECD. BY LOCAL REG.: APR 19 1962
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

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 Not Embalmed, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John J Kassly III

Licensed Embalmer No. 5039

P. O. Address E. St Louis Ill.

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.