MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017720
STATE FILE NUMBER

Registration District No. 340 Primary Registration District No. 6151 Registrar's No. 40

FILED MAY 3 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: Stoddard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Esk
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Rt one Essey, Mo. Inside Limits: Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Stoddard
c. CITY OR TOWN: Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): Rt one Essey, Mo. Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First: Creasy Middle: Edith Last: Rushing
4. DATE OF DEATH: Month: April Day: 8 Year: 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Aug. 4, 1882
9. AGE (last birthday): 79
IF UNDER 1 YEAR: Months: 8 Days: 4
IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Van Buren Ark.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Nathan Throop
13b. MOTHER'S MAIDEN NAME: Laney Garrett
14. NAME OF HUSBAND ~~OR WIFE~~: R. H. Rushing
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: R. H. Rushing Address: Essey, Rt one

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage – Hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 8 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Decubitus multiple — 3 mo.
DUE TO (c) Alzheimer Syndrome — 2 yrs
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. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

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 1-21-1959 to 3-20-1962 and last saw her alive on 3-20-1962
Death occurred at April 8 – 1962 5 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Thomas C. McClure M.D. (Degree or title)
22b. ADDRESS: Sikeston Mo.
22c. DATE SIGNED: 4-10-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: April 9, 1962
23c. NAME OF CEMETERY OR CREMATORY: Garden Memorial
23d. LOCATION (City, town, or county) (State): Sikeston, Mo
24. FUNERAL DIRECTOR: Allenton Funeral Home ADDRESS: Sikeston, Mo
25. DATE RECD. BY LOCAL REG.: 4/25/62
26. REGISTRAR'S SIGNATURE: Velma V. Jenkins

(Licensed Embalmer's Statement on Reverse Side)

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: Raymond L. Duffie

Licensed Embalmer No. 4798

P. O. Address Bernie, 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.