

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

No. **31 62-019937**
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 291 Primary Registration District No. _____ Registrar's No. 88

FILED JUN 7 1962

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Texas</u> b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural---Union Twp.</u>		c. CITY OR TOWN <u>Odessa</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Unionville, Missouri</u>		d. STREET ADDRESS (If outside, give location) <u>1415 Wilshire</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Martha Joyce Rush</u>			4. DATE OF DEATH Month Day Year <u>May 22 1962</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-11-38</u>	9. AGE (last birthday) <u>23</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>11</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stewardess Cont. Air Line</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Stamford, Texas</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
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13a. FATHER'S NAME <u>W. E. Rush</u>	13b. MOTHER'S MAIDEN NAME <u>Stella Thorn</u>	14. NAME OF HUSBAND OR WIFE <u>Never Married</u>
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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. M. L. Fletcher, Mother, Odessa, Texas</u>
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Multiple injuries from plane crash</u>		INTERVAL BETWEEN ONSET AND DEATH
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	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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>Crash from Continental Flight 11</u>
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20c. TIME OF INJURY Hour <u>9:45 p.m.</u> Month, Day, Year <u>5-22-62</u>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on farm</u>	20f. CITY, TOWN, OR LOCATION <u>Union Twp.</u>	COUNTY <u>Putnam</u>	STATE <u>Mo.</u>
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 9:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

21. SIGNATURE <i>Charles J. Giddoo</i>	(Degree or title) <u>Registrar</u>	22b. ADDRESS <u>Unionville, Missouri</u>	22c. DATE SIGNED <u>5-25-62</u>
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22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	22b. DATE <u>5-25-62</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial Garden</u>	22d. LOCATION (City, town, or county) (State) <u>Odessa, Texas</u>
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24. FUNERAL DIRECTOR <i>Wm. D. Johnson</i>	ADDRESS <u>Centerville, Iowa</u>	25. DATE RECD. BY LOCAL REG. <u>5-25-62</u>	26. REGISTRAR'S SIGNATURE <i>Marvell Durbin</i>
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

JUN 7 1962

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 Hugh J. Johnson

Licensed Embalmer No. 3487

P. O. Address Brentville, Ia

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.