

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-015229

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 226 STATE FILE NUMBER

FILED MAY 2 1963

VS 300 Rev. 4/59	DATE AMENDED
1 0168	
2 81202	
3	
4 1	
5 2	
6	
7 1	
8 2	
9 4200	
10	
11 122-0	
12 131-0	
	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
	INSTEAD OF
	DOCUMENT
	BY AFFIDAVIT OF
	MEDICAL CERTIFICATION
	SHOULD READ
	ITEM NO.

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Alexander</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Cape Girardeau</u>		Length of stay in lb <u>1 day</u>	c. CITY OR TOWN <u>Cache</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>St. Francis Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>St. Francis Hospital</u>
3. NAME OF DECEASED (Type or print) <u>JOSEPHINE RUSHING</u>		4. DATE OF DEATH <u>April 26, 1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/13/1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	9. AGE (last birthday) <u>77</u>
13a. FATHER'S NAME <u>William Hoffoner</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Ernest</u>	11. BIRTHPLACE (City and state or country) <u>Union County, Ill.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <u>No</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S.</u>	
17. INFORMANT <u>Herrel Rushing</u>		14. NAME OF HUSBAND OR WIFE <u>Ernest O. Rushing</u>	
18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Multiple Pulmonary Emboli</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>	
DUE TO (b) <u>& Arteriosclerotic Heart Disease</u>			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Left Aortic Atery Embolism 24 hrs</u>		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>4/25/63</u> to <u>4/26/63</u> and last saw her alive on <u>4/26/63</u> Death occurred at <u>7:20:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>P. McGinty, M.D.</u>		22b. ADDRESS <u>1912 Broadway Cape Girardeau, Mo.</u>	22c. DATE SIGNED <u>4/27/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>April 28, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	23d. LOCATION (City, town, or county) <u>Anna, Illinois</u>
24. FUNERAL DIRECTOR <u>Crain Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>4-30-63</u>	26. REGISTRAR'S SIGNATURE <u>James Kasten</u>

USE BLACK INK OR TYPEWRITER RIBBON

MAY 9 1968

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 Virgil H. Welch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau, 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.