

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023977

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 1048

STATE FILE NUMBER

FILED JUL 1 1963

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b	c. CITY OR TOWN Springfield
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1517 W. Atlantic
3. NAME OF DECEASED (Type or print) PAULINE RUSHING		First Middle Last	4. DATE OF DEATH Month Day Year June 22, 1963
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/3/1921
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (last birthday) 41
13a. FATHER'S NAME Eugene Walton		13b. MOTHER'S MAIDEN NAME Grace Cardwell	11. BIRTHPLACE (City and state or country) Missouri
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No		12. CITIZEN OF WHAT COUNTRY USA	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pyelonephritis, chronic, severe, bilateral DUE TO (b) Azotemia. DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		14. NAME OF HUSBAND OR WIFE Gayford Rushing	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		16. SOCIAL SECURITY NO. <input type="checkbox"/>	
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		17. INFORMANT Address Gayford Rushing (Husband) Springfield, Mo.	
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.	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 5-17-63 to 6/22/63 and last saw her ^{her} last live on 6/22/63 Death occurred at 5:20 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 6-25-63	
22a. SIGNATURE (Degree or title) <i>J. G. Sicaluff</i>		22b. ADDRESS 809 Cherry Street Springfield, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/24/63	23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	23d. LOCATION (City, town, or county) (State) Springfield, Missouri
24. FUNERAL DIRECTOR ADDRESS Klingner Mortuary Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 6-26-63	26. REGISTRAR'S SIGNATURE <i>Effie S. Meets</i>

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59
1 **0397**
2 **0397**
3
4 **1**
5 **1**
6
7 **0**
8 **0**
9 **6000**
10
11
12 **1-0**
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

Permit 6-22-63

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 Max Rhodes

Licensed Embalmer No. 4071

P. O. Address _____

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.

X