No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6625

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1776

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS MO.
c. LENGTH OF STAY (In this place) 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Missouri Pacific Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sedalia
d. STREET ADDRESS (If rural, give location) Ninth and Moniteau

3. NAME OF DECEASED (Type or Print)
a. (First) FRED
b. (Middle) EDWARD
c. (Last) RUSH

4. DATE OF DEATH (Month) (Day) (Year) February 24 1949

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Abt-1884
9. AGE (In years last birthday) 65. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) Greenville Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Charles William Rush
13b. MOTHER'S MAIDEN NAME Emma J. Fifer
14. NAME OF HUSBAND OR WIFE Clara Shelley Rush

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.
17. INFORMANT'S SIGNATURE OR NAME F. H. Rush ADDRESS 1222 E. 5th ST.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHOPNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 10 DAYS

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. CEREBRAL THROMBOSIS, RIGHT — MONTHS

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/23, 1949, *to* 2/24, 1949, *that I last saw the deceased alive on* 2/24, 1949 *and that death occurred at* 9:25 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE Thomas J. Fitzpatrick, M. D. (Degree or title)
23b. ADDRESS 1755 S. Grand, St. Louis, Mo.
23c. DATE SIGNED 2/24/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 26, 1949
24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery
24d. LOCATION (City, town, or county) (State) Sedalia Mo.

DATE REC'D BY LOCAL REGISTRAR FEB 25 1949
REGISTRAR'S SIGNATURE J. B. Fasale
25. FUNERAL DIRECTOR'S SIGNATURE Ewing Funeral Home **ADDRESS** Sedalia Mo

(Licensed Embalmer's Statement on Reverse Side)

OCT 26 1950

MAR 5 1949

OCT 2 1950

MAR 7 1949

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.

Signed Sheldon Collier

Signed .....
Student Embalmer

Licensed Embalmer No. 3382

P. O. Address 10123 St. Chal

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.