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FILED JUL 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24241**

BIRTH NO. _____ REG. DIST. NO. **254** PRIMARY REG. DIST. NO. **4385** Registrar's No. **31**

1. PLACE OF DEATH a. COUNTY Oregon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Oregon	
b. CITY OR TOWN Koshkonong	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Koshkonong	d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print)	a. (First) Will	b. (Middle) Mayburn	c. (Last) Rush	4. DATE OF DEATH (Month) (Day) (Year) 6-----30---1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-23-1872	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 6 Days 7	IF UNDER 24 HRS. Hours 7 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driller-oil-field	10b. KIND OF BUSINESS OR INDUSTRY Oil business	11. BIRTHPLACE (State or foreign country) Verdun, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William P. Rush	13b. MOTHER'S MAIDEN NAME Alice Argo	14. NAME OF HUSBAND OR WIFE Katie Curtis Rush
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Katie Rush, Koshkonong, Missouri	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac asthenia	ANTECEDENT CAUSES DUE TO (b) Carcinoma		6 wks.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED		3 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from March, 1947, to June, 1949, that I last saw the deceased alive on June 29, 1949, and that death occurred at 8:50a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Mitchell Blaine</i>	(Degree or title)	23b. ADDRESS Mammoth Spring, Ark.	23c. DATE SIGNED 7-8-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-2-1949	24c. NAME OF CEMETERY OR CREMATORY Koshkonong cemetery	24d. LOCATION (City, town, or county) (State) Koshkonong, Missouri
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DATE REC'D BY LOCAL REG. July 9-49	REGISTRAR'S SIGNATURE <i>Ella Crass</i>	416	5. FUNERAL DIRECTOR'S SIGNATURE <i>Katie Curtis</i>	ADDRESS <i>Blaine</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 7-12-49
District Health Officer No. 5,
District File Number 749526
Date Filed 7-22-49

11 2 8 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 Richard Carter

Signed _____
Student Embalmer

Licensed Embalmer No. 4516

P. O. Address Shagin, 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 this body is not embalmed, fact should be so stated above.