

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43395

State File No.

1949 85380-49
BIRTH NO. 333 REG. DIST. NO. 3074 PRIMARY REG. DIST. NO. 3074 Registrar's No. 168

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>New Madrid.</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Sikeston</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Matthews</u>	
c. LENGTH OF STAY (In this place) <u>11 days</u>		d. STREET ADDRESS (If rural, give location) <u>RI</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Delta Comm. Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>—</u> c. (Last) <u>Rush</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 28 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Nov 25 - 1949.</u>
9. AGE (In years last birthday) <u>3.</u>		IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u>	IF UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Sikeston, Mo. D</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			

13a. FATHER'S NAME <u>Dewey Rush</u>	13b. MOTHER'S MAIDEN NAME <u>Artena McClaire</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dr. Dewey Rush</u>	ADDRESS <u>Matthews, Mo.</u>
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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, asthenia, 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) <u>Pneumonia</u>		
ANTECEDENT CAUSES		DUE TO (b) <u>Eclamptic mother.</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<u>Caesarian section</u>	
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (c) <u>—</u>	
Conditions contributing to the death but not related to the disease or condition causing death.		<u>776X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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?

22. I hereby certify that I attended the deceased from 11-25-1949, to 11-28, 1949, that I last saw the deceased alive on 11-28, 1949, and that death occurred at 6:30 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. D. Mahan D.M.D.</u>	(Degree or title)	23b. ADDRESS <u>Sikeston, Mo.</u>	23c. DATE SIGNED <u>11-30-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Nov 29 - 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Community</u>	24d. LOCATION (City, town, or county) (State) <u>New Madrid, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec 12-49</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard Smith</u>	ADDRESS <u>New Madrid, Mo.</u>
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RECEIVED DEC 19 19

District Health Office

District File Number 1249

Date Filed

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

Not Embalmed.

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

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