

FILED MAY 19 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 17052
 Registrar's No. 183

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE CALIFORNIA b. COUNTY OCEAN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN INDEPENDENCE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LAGUNA BEACH	
d. FULL NAME OF HOSPITAL OR INSTITUTION INDEPENDENCE SANITARIUM & HOSPITAL		d. STREET ADDRESS (If rural, give location) 508 CRESS ST.	
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) W.	
c. (Last) RUSHTON		4. DATE OF DEATH (Month) (Day) (Year) MAY 8 1950	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEBR. 12, 1873
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINISTER	
11. BIRTHPLACE (State or foreign country) LEEDS ENGLAND		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME WM. RUSHTON		13b. MOTHER'S MAIDEN NAME MARGARET	
14. NAME OF HUSBAND OR WIFE MRS. BEATRICE M. RUSHTON		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS. BEATRICE M. RUSHTON ADDRESS LAGUNA BEACH CAL.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Heart Disease or acute Cor Pulmonale DUE TO (b) Pulmonary Embolism DUE TO (c) Phlebotrombosis II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Colon	
19a. DATE OF OPERATION 5/3/50		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Descending Colon	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 <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 <u>Apr. 1, 1950</u> , to <u>May 8, 1950</u> , that I last saw the deceased alive on <u>May 8, 1950</u> , and that death occurred at <u>045A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Chas. G. Grask, O.M.D.		23b. ADDRESS Independence Mo	
23c. DATE SIGNED 5/8/50		24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
24b. DATE MAY 9 1950		24c. NAME OF CEMETERY OR CREMATORY FOREST LAWN CEMETERY	
24d. LOCATION (City, town, or county) (State) GLENDALE LOS ANGELES CALIF.		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS INDEPENDENCE MO.	
DATE REC'D BY LOCAL REG. May 9-1950		REGISTRAR'S SIGNATURE [Signature]	

0484

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

MAY 15 1950

JUL 27 1950

NOV 1 1950

JUL 24 1950

MAY 25 1950

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.....

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed *[Handwritten Signature]*.....

Licensed Embalmer No. *3156*.....

P. O. Address *[Handwritten 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.