			THE DIVISIO	THE DIVISION OF HEALTH OF MISSOURI						
. 300	FLED JUL 7 1950 STANDARD CERTIFICATE OF DEATH State File No.:									
_c ()	BIRTH NO		REG. DIST. NO.	<u> 50</u>	PRIMARY REG. DIST			istrar's No	121	
4	1. PLACE OF DEA	a. STATE	DENCE (V	Vhere decembed _b, C(lived. If ions DUNTY CSON	itution: residence befor admission)				
()	b. CiTY (If outside co OR TOWN	c. CITY (If outside of OR TOWN Hic	ekman Mi	, write RURAL		048:3				
RECORD	d. FULL NAME OF HOSPITAL OR INSTITUTION	d. STREET ADDRESS	_	give location)		V				
E E	3. NAME OF	Jackson Co a. (First)	b. (Mid	oital dle)	c. (Last)	<u>R 2</u>	4. DATE	(Month)	(Day) (Year)	
	DECEASED (Type or Print)	William	T.		Rust		l OF	June 21		
NEN	5. SEX 6. COLOR OR RACE male white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1899		9. AGE (In your birthday		TYEAR OF UNDER 14 HRS.	
PERMANENT	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR IN- DUSTRY		11. BIRTHPLACE (State or foreign or				12. CITIZEN OF WHAT	
<u> </u>	Truck Driver		Unknown 136. MOTHER'S MAIDEN		Nevada, Mo.		E OF HUSBA	NO 00 WIFE	_USA	
4	William Rust						tha Mae	_	•	
MAKE	IS. WAS DECEASED EVE	R IN U.S. ARMED	FORCES? 16. SOCIAL	SECURITY	17. INFORMANT		TURE OR		ADDRESS	
NΑΔ	(Yes. no. or unknown) (If yes. give war or dates of service) NO. Mrs. Rertha M. Rust. Hickman Mi									
INK	IS. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) INTERVAL BET ONSET AND DISTRIBUTION INTERVAL BET ONSET AND DISTRIBUTION ONSET AND DISTRIBUTION INTERVAL BET ONSET AND DISTRIBUTION ONSET AND DISTR									
СКІ	*This does not mean ANTECEDENT CAUSES									
BLAC	the mode of dying, such as heart failure, asthenia, rise to the above cause (a) stating tet. It means the dis- the mode of dying, such as heart failure, asthenia, rise to the above cause (a) stating the underlying cause last.							wasp		
11	etc. It means the dis- ease, injury, or complica-		DUE TO (c)							
UNFADING	tion which coused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			•				4700	
CNE	19a. DATE OF OPERA- TION	196. MAJOR FIN	DINGS OF OPERATION						720. AUTOPSY1	
- 11	21a. ACCIDENT (Bpecify) 2 SUICIDE HOMICIDE		1b. PLACE OF INJURY (e.g., in or about ome, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, O	R TOWNSHIP) (0	COUNTY)	(STATE)	
-USING	21d: TIME (Month) OF INJURY	(Day) \(\frac{\text{Year}}{\text{A}}\).		OCCURRED OT WHILE	21f. HOW DID INJUR	Y OCCUR?				
PĻAINLY	22. I hereby certify that I attended the deceased from, 19, to, 19, that I last saw the deceased alive on, 19, and that death occurred at 5.50A m., from the causes and on the date stated above.									
- 11	234 SIGNATURE	efficial.	(Deg	ree or title)	23b. ADDRESS 8447 Pub	os Pect	1SC	red	23c. DATE SIGNED	
WRITE	249 BURIAL, CREMA TION, REMOVAL (Book)	RAD. DATE	50 /24c. NAME	SEMETER'S	OR CREMATORY	24d. LOCA	Coloros	lo so	ty) (State)	
	DATE REC'D BY LOCAL REG.	REGISTRAR'S	SIGNATURE C	1378	25 FUNERAL DI RE	CTOR'S SI	GHATURE Inde		ce, Mo.	
<u>IL</u>	1 60 / 40		(Licensed	Embalmer's S	atement on Reverse S					

STATEMENT BY LICENSED EMBALMER

4 41

(Failure to comply with

I hereby certify that the body whose name is recorded on the reverse side of this co	ertificate was	embalmed by me	, or by
	Student Em	balmer No	· · · · · · · · · · · · · · · · · · ·
working under my personal supervision,	_		

Student Embalmer Licensed Embalmer No.

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

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