No. 300
10.48

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

FILED JUL 6 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21058

BIRTH NO. _____ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 4444 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY: Ray
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Camden
c. LENGTH OF STAY (in this place): 70 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Street not listed

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ray
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Camden
d. STREET ADDRESS (If rural, give location): Street not listed

3. NAME OF DECEASED (Type or Print)
a. (First): Alice
b. (Middle): (n)
c. (Last): Rush

4. DATE OF DEATH (Month) (Day) (Year): June 22, 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 25, 1881
9. AGE (In years last birthday): 70 — If under 1 year: Months: 0, Days: 27 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housekeeping
11. BIRTHPLACE (State or foreign country): Camden, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Frank Toner
13b. MOTHER'S MAIDEN NAME: Martha Walker
14. NAME OF HUSBAND OR WIFE: Russell H. Rush

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: John Edward Rush, Henrietta, Mo.

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) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES

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

DUE TO (b) arterio-sclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
331X
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* June 15, 1951, *to* June 22, 1951, *that I last saw the deceased alive on* June 22, 1951, *and that death occurred at* 5:15 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. E. Fry MD
23b. ADDRESS: Richmond
23c. DATE SIGNED: 6-27-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 24, 1951
24c. NAME OF CEMETERY OR CREMATORY: Craven Cemetery
24d. LOCATION (City, town, or county) (State): Camden, Missouri.

DATE REC'D BY LOCAL REG.: 6-30-51
REGISTRAR'S SIGNATURE: Helen L. Larkin
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Guest-Lile Funeral Home, Richmond, Missouri.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUL 3 1951
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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.

Student .....
Student Embalmer

Signed George D. Lile

Licensed Embalmer No. 4066

P. O. Address Richmond, 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.