

FILED SEP 15 1951

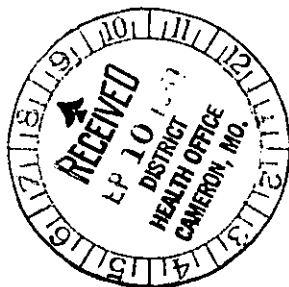
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31177

BIRTH NO. _____		REG. DIST. NO. 297		PRIMARY REG. DIST. NO. 6222		Registrar's No. 62	
1. PLACE OF DEATH a. CITY OR TOWN RAY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Ray			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - CROOKED RIVER		c. LENGTH OF STAY (in this place) 78 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Crooked River		d. STREET ADDRESS (If rural, give location) H & R D in R. F. D.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home Garden R-22							
3. NAME OF DECEASED (Type or Print) a. (First) ALFRED b. (Middle) CARR c. (Last) RUST				4. DATE OF DEATH (Month) (Day) (Year) SEPT. 3 1951			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH FEB. 25, 1869	
9. AGE (In years last birthday) 82		10. UNDER 1 YEAR Months Days		11. UNDER 1 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME BUSHROD RUST		13b. MOTHER'S MAIDEN NAME ELIZABETH SHARP		14. NAME OF HUSBAND OR WIFE REBEKA B. RUST			
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. Elizabeth McKenney Harding ADDRESS _____			
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) Cardio Vascular Disease ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertrophy of Prostate DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 yrs. 5 yrs. 5 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 2, 1950 , to Sept 3, 1951 , that I last saw the deceased alive on Sept 3, 1951 , and that death occurred at 5:00 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE Dr. E. G. Karam		23b. ADDRESS Richmond, Mo.		23c. DATE SIGNED 9/6/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-5-51		24c. NAME OF CEMETERY OR CREMATORY Lawson Cem.		24d. LOCATION (City, town, or county) (State) Ray Mo.	
DATE REC'D BY LOCAL REG. Sept 6-1951		REGISTRAR'S SIGNATURE Madal Jackson		25. FUNERAL DIRECTOR'S SIGNATURE Knapfield & Buchholz		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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



SEP 17 1958

WOMEN'S WORK

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 _____

August Buchheide

Licensed Embalmer No. 4678

P. O. Address Hardin, 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.