

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42317

State File No. \_\_\_\_\_

FILED DEC 28 1951

BIRTH NO. _____		REG. DIST. NO. <u>211</u>		PRIMARY REG. DIST. NO. <u>7778</u>		Registrar's No. <u>26-51</u>	
1. PLACE OF DEATH a. COUNTY <u>MILLER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>MILLER</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>RURAL - Jim - HENRY</u>		c. LENGTH OF STAY (in this place) <u>lifetime</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL - Jim - HENRY</u>		d. STREET ADDRESS (If rural, give location) <u>3 mi. S - Eugene - Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 mi. S - Eugene</u>				d. STREET ADDRESS (If rural, give location) <u>3 mi. S - Eugene - Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u> b. (Middle) <u>Isobell</u> c. (Last) <u>Rush</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 20 1951</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>13 Nov 1877</u>	
9. AGE (In years last birthday) <u>74</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At-Home</u>		11. BIRTHPLACE (State or foreign country) <u>Miller-Co - Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>James - Bittle</u>		13b. MOTHER'S MAIDEN NAME <u>MARY - ROBERTS</u>		14. NAME OF HUSBAND OR <del>WIFE</del> <u>Ephram - Rush</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Roy - Rush Eugene - Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Phonic myocarditis</u> <u>Cardio Rrenal Vascular Disease</u> <u>General</u>							
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>		21f. HOW DID INJURY OCCUR? <u>None</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>48</u> , to <u>Dec 20</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Dec 16</u> , 19 <u>51</u> , and that death occurred at <u>2:35 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>M. E. Humphrey M.D.</u>				23b. ADDRESS <u>Tusculum - Mo.</u>		23c. DATE SIGNED <u>22 Dec - 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>22 Dec 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jim. HORY</u>		24d. LOCATION (City, town, or county) (State) <u>Miller Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 24, 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. Richard L. Wright</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith M. Keys</u>		ADDRESS <u>ELDON - Mo</u>	

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

1/260

RECEIVED  
DEC 10 1951  
MISSOURI DEPARTMENT  
OF HEALTH

**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.....

Licensed Embalmer No. 3998

P. O. Address Eldon 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.