

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42684

FILED DEC 22 1953

4320

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 5521 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>HICKORY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermitage</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermitage (center)</u>	
c. LENGTH OF STAY (in this place) <u>3 1/2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1/2 mile west</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>			
3. NAME OF DECEASED a. (First) <u>Dora</u> b. (Middle) <u>Frances</u> c. (Last) <u>Rusk</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 12 1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>June 20, 1892</u>
9. AGE (In years last birthday) <u>61</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Gibson</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Mitchell</u>	14. NAME OF HUSBAND OR WIFE <u>E.W. Rusk</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>E.W. Rusk</u> ADDRESS <u>Hermitage, Mo</u>
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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of bowels</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 yrs</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>metastases to spine</u>			<u>6 mos</u>
DUE TO (c) <u>none</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>153 X</u>	
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>July</u> , 19 <u>53</u> , to <u>Dec 12</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Dec 12</u> , 19 <u>53</u> , and that death occurred at <u>8:54 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. Merriam M.D.</u>		23b. ADDRESS <u>Hermitage Mo</u>	23c. DATE SIGNED <u>12-12-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Dec 15, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>EAST LAWN</u>	24d. LOCATION (City, town, or county) (State) <u>Burlington, Ill</u>
DATE REC'D BY LOCAL REG. <u>12-14-1953</u>	REGISTRAR'S SIGNATURE <u>May Johnson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John J. Reser</u>	ADDRESS <u>Warsaw, Mo</u>

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

SEP 27 1955

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 *John J. Reser*

Licensed Embalmer No. *4098*

P. O. Address *Warsaw*

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.