

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 12 1954

BIRTH NO. _____ REG. DIST. NO. 103 PRIMARY REG. DIST. NO. 4125 Registrar's No. 142

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hornersville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hornersville</u>	
c. LENGTH OF STAY (in this place) <u>55Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Gen. Del.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hornersville, Gen. Del.</u>		e. STREET ADDRESS (If rural, give location) <u>0 3.50</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print)
a. (First) Hory b. (Middle) T. c. (Last) Rust
4. DATE OF DEATH (Month) (Day) (Year) Jan . 1st 1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH March 4th, 1875 9. AGE (In years last birthday) 78 9. MONTHS 9 9. DAYS 27 IF UNDER 1 YEAR IF UNDER 24 HRS.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Laborer 10b. KIND OF BUSINESS OR INDUSTRY Laborer 11. BIRTHPLACE (City and State or Foreign Country) Barlow, Kentucky 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME Jack Rust 13b. MOTHER'S MAIDEN NAME Sarah Crist 14. NAME OF HUSBAND OR WIFE Elizabeth Rust

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. No 17. INFORMANT'S SIGNATURE OR NAME Bertha Edmunds Harnest 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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis
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.

INTERVAL BETWEEN ONSET AND DEATH 3 or 4 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) _____ 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, 1951, to Jan 1, 1953, that I last saw the deceased alive on 11/1/54, 1954, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H McDaniel, M.D. 23b. ADDRESS Hornersville, Mo. 23c. DATE SIGNED 1/2/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Jan. 2, 1954 24c. NAME OF CEMETERY OR CREMATORY Horner Cemetery 24d. LOCATION (City, town, or county) (State) Hornersville, Mo.

DATE REC'D BY LOCAL REG. 1/3/54 REGISTRAR'S SIGNATURE Bertha Kinschire 186 25. FUNERAL DIRECTOR'S SIGNATURE Emerson and Son ADDRESS Jonesboro, Ark

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 1-11-54

COUNTY FILE NUMBER 134-

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. 895

P. O. Address _____

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.