

FILED JUN 23 1954

STANDARD CERTIFICATE OF DEATH

State File No.

17808

BIRTH NO.		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>4003</u>		Registrar's No. <u>167</u>		
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>MO</u> b. COUNTY <u>GRUNDY</u>				
b. CITY OR TOWN <u>GIBBS</u>		c. LENGTH OF STAY (In this place) <u>1 mo.</u>		c. CITY OR TOWN <u>GALT</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>0400</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES RUFUS</u> b. (Middle) <u>RUSK</u> c. (Last) <u>RUSK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-10-54</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan 28 - 1864</u>		
9. AGE (In years last birthday) <u>90</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Section Hand</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Galt - MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Ephraim Rusk</u>			13b. MOTHER'S MAIDEN NAME <u>Jennie Greener</u>		14. NAME OF HUSBAND OR WIFE <u>Mary 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>Mark Rusk Gibbs</u>		ADDRESS <u>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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Urinary Pneumonia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Age</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 Month</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>0</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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>492X</u>				
22. I hereby certify that I attended the deceased from <u>May 12, 1954</u> , to <u>June 6, 1954</u> , that I last saw the deceased alive on <u>June 10, 1954</u> , and that death occurred at <u>6 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>H. M. Humphrey M.D.</u>				23b. ADDRESS <u>Brashear MO</u>		23c. DATE SIGNED <u>June 10 - 54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-13-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Galt Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Galt MO</u>		
DATE REC'D BY LOCAL REG. <u>6-19-54</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>P. Payne</u>		ADDRESS <u>Galt MO</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed..... *PK Payne Jr*

Licensed Embalmer No. *340*

P. O. Address *Laet*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.