

FILED JUL 7 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17890**

BIRTH NO. _____ REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **4033** Registrar's No. **60**

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Mo. b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Amoret	c. LENGTH OF STAY (In this place) 15 yrs.	c. CITY OR TOWN Amoret	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 0070	

3. NAME OF DECEASED (Type or Print)	a. (First) Julia	b. (Middle) Anna	c. (Last) Rush	4. DATE OF DEATH (Month) (Day) (Year) 6 - 26 - 54
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5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 12-1-1870	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY Homemaker	11. BIRTHPLACE (City and State or Foreign Country) Kansas	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME James Rush	13b. MOTHER'S MAIDEN NAME Charlotta Mahan	14. NAME OF HUSBAND OR WIFE none
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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. Clark Taylor	ADDRESS Amoret, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Pancreas		INTERVAL BETWEEN ONSET AND DEATH 10 MONTHS
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General meta static		
	DUE TO (c) Coronariomatosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 157X			

19a. DATE OF OPERATION Jan 1954	19b. MAJOR FINDINGS OF OPERATION Atolecyst - Rt Head Pancreas - Duodenostomy	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Jan 24, 1954**, to **June 26, 1954**, that I last saw the deceased alive on **June 25, 1954**, and that death occurred at **3 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Carter W. Luter (Degree or title) MD	23b. ADDRESS Burton, Mo	23c. DATE SIGNED 6/27/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-28-54	24c. NAME OF CEMETERY OR CREMATORY Richland Cemetery	24d. LOCATION (City, town, or county) (State) Amoret, Mo. Kansas
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DATE REC'D BY LOCAL REG. 7-1-54	REGISTRAR'S SIGNATURE Russell Novak	25. FUNERAL DIRECTOR'S SIGNATURE Archer & Mangold	ADDRESS Amoret, Mo.
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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 Robert L Mangold, Student Embalmer No. 50
working under my personal supervision..

Student Robert L Mangold
Signature of Student Embalmer

Signed Ward B. Amyan

Licensed Embalmer No. 322

P. O. Address Fresburg

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.