

FILED JAN 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

62

State File No.

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Audrain <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give town) Mexico		c. LENGTH OF STAY (In this place) 8 days	c. CITY OR TOWN Mexico
d. FULL NAME OF HOSPITAL OR INSTITUTION Mexico General Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) 1113 West Emmons <u>0043</u>	

3. NAME OF DECEASED a. (First) Rosa b. (Middle) L. c. (Last) Rushmore			4. DATE OF DEATH (Month) (Day) (Year) Jan. 25 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) Widowed	8. DATE OF BIRTH Oct. 18, 1881	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 3 Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) High Hill, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Palmer		13b. MOTHER'S MAIDEN NAME Mary Crum		14. NAME OF HUSBAND OR WIFE Clifford S. Rushmore (Dec)	
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 ADDRESS Howard Rushmore New York, N. Y.	

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 48 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial degeneration DUE TO (c) Hypertension		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture neck of left femur		5 years 5 years 4 days	

19a. DATE OF OPERATION 1-17-55	19b. MAJOR FINDINGS OF OPERATION Biopsy of left breast 1 week prior, Adeno Carcinoma <u>2 mos.</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)	443 X F.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 1-17, 1955, to 1-25, 1955, that I last saw the deceased alive on 1-25, 1955, and that death occurred at 9:01 a.m., from the causes and on the date stated above.

23a. SIGNATURE R. D. Shuman (Degree or title) MD		23b. ADDRESS Tripp, Mo		23c. DATE SIGNED 1-26-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 28, 1955	24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	24d. LOCATION (City, town, or county) (State) Mexico, Missouri	

DATE REC'D BY LOCAL REG. JAN 27-1955	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ARNOLD FUNERAL HOME, Mexico, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1960 A. R. 1183

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 *Richard Y. McDonald*

Licensed Embalmer No. *482*

P. O. Address *Mexico*

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.