

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14440

State File No.

FILED APR 20 1955

BIRTH NO.		REG. DIST. NO. <u>354</u>		PRIMARY REG. DIST. NO. <u>6197</u>		Registrar's No. <u>27</u>	
1. PLACE OF DEATH a. COUNTY <u>TEXAS</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>BURDINE Twp.</u> c. LENGTH OF STAY (in this place) <u>1070</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>OZARK</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>TEXAS</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>CABOOL</u> d. STREET ADDRESS (If rural, give location) <u>OZARK</u>			
3. NAME OF DECEASED (Type or Print) <u>HAROLD</u> a. (First) <u>DEAN</u> b. (Middle) <u>RUST</u> c. (Last)		4. DATE OF DEATH <u>4-11-55</u> (Month) (Day) (Year)		5. SEX <u>M</u> 6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	
8. DATE OF BIRTH <u>AUG. 1-1938</u>		9. AGE (In years last birthday) <u>16</u>		10. AGE (In years last birthday) <u>16</u>		11. AGE (In years last birthday) <u>16</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>CABOOL, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>HAROLD RUST</u>		13b. MOTHER'S MAIDEN NAME <u>MILDRED ROBERTS</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Harold Rust, Cabool</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>fractured neck and punctured lung</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>being thrown out of over turning auto.</u> DUE TO (c) <u>being thrown out of over turning auto.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 63</u>		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) <u>BURDINE Twp., TEXAS, MO.</u>		21d. STATE <u>MO.</u>	
21d. TIME OF INJURY <u>4-11-55-1:10 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>THROWN OUT OF OVERTURNING CAR.</u>			
22. I hereby certify that I attended the deceased from <u>4-11</u> , 19 <u>55</u> , to <u>4-11</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4-11</u> , 19 <u>55</u> , and that death occurred at <u>1:10 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>James L. Hentz</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Cabool, MO.</u>		23c. DATE SIGNED <u>4-12-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4-18-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Iron Co., MO.</u>	
DATE REC'D BY LOCAL REG. <u>4-12-55</u>		REGISTRAR'S SIGNATURE <u>Gaynell Cunningham Elliott</u> <u>325-01</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Cabool</u> ADDRESS			

(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
Student Embalmer

Signed James L. Hentz
Licensed Embalmer No. 4718
P. O. Address Calool, Mo.

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.