

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **15883**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **161**

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson City, Mo.</b>		c. LENGTH OF STAY (in this place) <b>1 day</b>	c. CITY OR TOWN <b>Centertown, Mo.</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Marys Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <b>0260,</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>HUBERT</b>	b. (Middle) _____	c. (Last) <b>RUSTEMEYER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 21, 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 20, 1902</b>	9. AGE (In years last birthday) <b>54</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>1</b>	IF UNDER 24 HRS. Hours <b>1</b> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bricklayer</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Loose Creek, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Bernard Rustemeyer</b>	13b. MOTHER'S MAIDEN NAME <b>Agatha Beschienen</b>	14. NAME OF HUSBAND OR WIFE <b>Frances Schulte</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Frances Rustemeyer</b> ADDRESS <b>Centertown, Mo.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Perforated duodenal ulcer w/ haemorrhage</b>		
	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. <b>Attenuated ofococcyphagus</b>		<b>S. B. B. B.</b>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>5x11</b>	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) _____
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 **May 18, 1956** to **May 21, 1956**, that I last saw the deceased alive on **May 21, 1956**, and that death occurred at **8:30 a.m.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>L. B. J. Cella M.D.</b>	23b. ADDRESS <b>Jefferson City, Mo.</b>	23c. DATE SIGNED <b>5-22-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 24, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Martins, Mo.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Martins, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>22 May 1956</b>	REGISTRAR'S SIGNATURE <b>R. P. Norris M.D. - M.R.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Sylvester Dille</b> ADDRESS <b>J. C. MO.</b>
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(Licensed Embalmer's Statement of Reverse Side)

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

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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.....  
*Lybrate Dull*

Licensed Embalmer No. 430

P. O. Address *Jefferson*

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.