

FILED APR 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8063
STATE FILE NUMBER
Registrar's No. 116

Registration District No. 77 Primary Registration District No. 3016

300
-57

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		c. CITY OR TOWN Jefferson City 0264	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If outside, give location) 705 Ewing Drive	

3. NAME OF DECEASED (Type or print) First Middle Last Ruth M^{ARIA} Rust			4. DATE OF DEATH Month Day Year March 26, 1957		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 23, 1887	9. AGE (In years last birthday) 69	10. UNDER 1 YEAR Months 8 Days 4	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Photographer	10b. KIND OF BUSINESS OR INDUSTRY Own	11. BIRTHPLACE (City and state or country) Holden, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Dennis M. Rust	13b. MOTHER'S MAIDEN NAME Alice Elliston	14. NAME OF HUSBAND OR WIFE Mrs. Henry M. Frazer
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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) No	16. SOCIAL SECURITY NO. No	17. INFORMANT Mrs. Henry M. Frazer	Address Jefferson City, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 days 3 days 9 years
DUE TO (b) Respiratory Failure		
DUE TO (c) Muscular Dystrophy, Progressive		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinomatous due to carcinoma of the breast 7441H		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from Jan 1952 to 3-26-57 and last saw her ^{him} alive on 3-26-57 Death occurred at 11:40 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE John J. Louheus, MD (Degree or title)	22b. ADDRESS 302 Blinn	22c. DATE SIGNED 3-28-57
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23a. BURIAL, CREMATION REMOVAL (Specify) Burial	23b. DATE Mar. 29, 1957	23c. NAME OF CEMETERY OR CREMATORY City Cemetery	23d. LOCATION (City, town, or country) (State) Buffalo, Mo.
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24. FUNERAL DIRECTOR Victor Buecher & Co MO ADDRESS	25. DATE RECD. BY LOCAL REG. 28 March 1957	26. REGISTRAR'S SIGNATURE R.P. Harris, MD - MR.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical Certification
All diseases in Part I must be causally related.

MAY 10 1957

APR 26 1957

APR 25 1957

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 *Victor Bueche*

Licensed Embalmer No. 3701

P. O. Address J. C. ...

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.