

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 8 1957

157 021327
STATE FILE NUMBER
149 Primary Registration District No. 1002 Registrar's No. 2796

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Harper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Argonia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp.		d. STREET ADDRESS 8150 S (If outside, give location)	
3. NAME OF DECEASED (Type or print) First PAUL Middle W. Last RUST		4. DATE OF DEATH Month June Day 14 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 7, 1910
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance & Real Estate		11. BIRTHPLACE (City and state or country) Washington, Kansas	
13a. FATHER'S NAME Wesley Rust		13b. MOTHER'S MAIDEN NAME Unknown	
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. 515-30-4956	
18. CAUSE OF DEATH (Enter only one cause pertaining to (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolism Acute Sudden Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Post-operative - Operated DUE TO (c) 6/11/57 for benign stomach		17. INFORMANT Address Mrs. Margaret Rust, Argonia, Kansas	
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.)	
20c. TIME OF INJURY. Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from 6-9-57 to 6-14-57 and last saw him alive on 6-13-57 Death occurred at 12:53 AM m on the date stated above; and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Deceased or title) J. D. Bennett M.D.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-14-57	
24. FUNERAL DIRECTOR Freeman Mortuary, Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 6-14-57	
26. REGISTRAR'S SIGNATURE Bevera Minshall		27. DATE SIGNED 6-14-57	

(Licensed Embalmer's Statement on Reverse Side)

J. D. Bennett. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JUL 8 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 *J. P. Freeman*

Licensed Embalmer No. *2939*
P. O. Address *F. O. Mc*

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.