

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41586

STATE FILE NUMBER

FILED NOV 19 1957

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 132

|  |                               |  |  |   |   |   |  |  |
|--|-------------------------------|--|--|---|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>RAY</u>  |                               |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>RAY</u> |   |   |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RICHMOND RURAL</u>  |                               |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN <u>HARDIN</u>   |   | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RAY COUNTY MEMORIAL HOSP. 3 weeks</u>   |                               |  |  | Length of stay in lb <u>3 weeks</u>   |   | d. STREET ADDRESS (If outside, give location) <u>CROOKED RIVER TWP.</u>           |  |  |
| 3. NAME OF DECEASED (Type or print) <u>REBECCA</u>   |                               | First <u>REBECCA</u>   |  | Middle <u>BLANCHE</u>   |   | Last <u>RUST</u>  |  |  |
| 4. DATE OF DEATH <u>NOV. 7 1957</u>  |                               | Month <u>NOV.</u> Day <u>7</u> Year <u>1957</u>  |  | 9. AGE (In years last birthday) <u>87</u>   |   | IF UNDER 1 YEAR OF UNDER 24 HRS. Months Days Hours Min.                           |  |  |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH <u>OCT 2, 1870</u>   |   | 9. AGE (In years last birthday) <u>87</u>   |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>   |                               |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>   |   | 11. BIRTHPLACE (City and state or country) <u>DONIPHAN CO. KANSAS</u> |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>   |  |
| 13. FATHER'S NAME <u>WILLIAM BAYNE</u>   |                               |  |  | 14. MOTHER'S MAIDEN NAME <u>SARAH JANE HAMILTON</u>   |   |   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>  |                               |  | 16. SOCIAL SECURITY NO. <u>—</u>   |   | 17. INFORMANT <u>ELIZABETH MCKENY - HARDIN, Mo.</u>                   |   |  |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebral Vascular Accident</u>   |                               |  |  |   |   |   | INTERVAL BETWEEN ONSET AND DEATH <u>19 days</u>  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Arterial Sclerosis</u>   |                               |  |  |   |   |   | 10 yrs.  |  |
| DUE TO (c) <u>331X</u>   |                               |  |  |   |   |   |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a).  |                               |  |  |   |   |   | 19. WAS AUTOPSY PERFORMED? <u>2</u><br>YES <input type="checkbox"/> NO <input checked="" 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.) |   |   |   |  |  |
| 20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year  |                               |  |  |   |   |   |  |  |
| 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  |  |  |
| 21. I attended the deceased from <u>10/19/57</u> to <u>11/7/57</u> and last saw her <u>alive</u> on <u>11/7/57</u><br>Death occurred at <u>5:25 P</u> on the date stated above; and to the best of my knowledge, from the causes stated. |                               |  |  |   |   |   |  |  |
| 22a. SIGNATURE <u>H. E. Q. Rouse A.B.D.O.</u> (Degree or title)  |                               |  |  | 22b. ADDRESS <u>Richmond, Mo.</u>   |   | 22c. DATE SIGNED <u>11/9/57</u>   |  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |                               | 23b. DATE <u>11-9-57</u>   | 23c. NAME OF CEMETERY OR CREMATORY <u>LAUELOCK CEM.</u>                                      |   | 23d. LOCATION (City, town, or county) <u>RAY COUNTY, Mo.</u>          |   | (State)  |  |
| 24. FUNERAL DIRECTOR <u>August Kuehling - Hardin, Mo.</u>  |                               |  | ADDRESS <u>Hardin, Mo.</u>   |   | 25. DATE RECD. BY LOCAL REG. <u>11-12-1957</u>                        |   | 26. REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>   |  |

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare S. Public Health Service

S. 300 v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Specimen requested by T-13-140 MoKS 1949.

OCT 15 1958

DEC 19 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 *August Boeckering* .....

Licensed Embalmer No. *467*

P. O. Address *Hardin*

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.