

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008976

STATE FILE NUMBER

FILED APR 7 1958

Registration District No.

42

Primary Registration District No.

1000

Registrar's No.

856

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN Albany	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hosp.		d. STREET ADDRESS (If outside, give location) 9 days	
3. NAME OF DECEASED (Type or print) First CLIFFORD Middle AUSTIN Last RUST		4. DATE OF DEATH Month March Day 30 Year 1958	
5. SEX male	6. COLOR OR RACE white	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐	8. DATE OF BIRTH Nov. 15, 1902
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman		10b. KIND OF BUSINESS OR INDUSTRY Food Company	9. AGE (In years last birthday) 55 IF UNDER 1 YEAR: Months 0 Days 0 Hours 0 Min. 0 IF UNDER 24 HRS. 0
11. BIRTHPLACE (City and state or country) Harrison County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles Rust		13b. MOTHER'S MAIDEN NAME Mary E. Pratt	
14. NAME OF HUSBAND OR WIFE Rose		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. unknown		17. INFORMANT Address Mrs. Rose Rust, Albany, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Abscesses and pneumonia Rt. lung. DUE TO (b) Prolonged anesthesia for subtotal gastrectomy DUE TO (c) Obesity; Duodenal ulcer (penetrating and bleeding) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease. Condition given in PART I (a) Obesity; Duodenal ulcer (penetrating and bleeding)			INTERVAL BETWEEN ONSET AND DEATH 3/27/58 3/26/58
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II or (c) in 18.) 5411 2		
20c. TIME OF INJURY Hour 5:41 Month, Day, Year 2 a.m. 2 p.m.	20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY Albany STATE Missouri		
21. I attended the deceased from 3/20/58 to 3/28/58 and last saw her alive on 3/28/58 Death occurred at 2:55p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Barry G. Potter, M.D.		22b. ADDRESS Phy. & Surg. Bldg. St. Joseph, Missouri	
22c. DATE SIGNED 3/31/58		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 3/30/58	23c. NAME OF CEMETERY OR CREMATORY Grandview Cemetery	23d. LOCATION (City, town, or county) (State) Albany, Missouri
24. FUNERAL DIRECTOR ADDRESS Heaton-Bowman St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Mar. 31, 1958	
26. REGISTRAR'S SIGNATURE Wm. Clark Endell			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

Alb. Corbett
Seymour

APR 9 1894

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 *Eugene Wood*

Licensed Embalmer No. *3804*
P. O. Address *314 10th St. J. J.*

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.