

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012491

STATE FILE NUMBER

MAY 4 1959 Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 210

300
1-57

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Quin 0120 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1217 S. 11 St.		Length of stay in lb 3 days	d. STREET ADDRESS City (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First IDA Middle MAY Last RUSH			4. DATE OF DEATH Month April Day 18 Year 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 22, 1878
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Cape Girardeau, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Hughoy	
13b. MOTHER'S MAIDEN NAME Phebia Mason		14. NAME OF HUSBAND OR WIFE Deceased	
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. None	17. INFORMANT Fred Rush, 1217 S. 11 St., Poplar Bluff, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiation Cardiac failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) _____ DUE TO (c) pulmonary embolus PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture neck of femur -			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 4-17-59 to 4-18-59 and last saw her alive on 4-17-59 Death occurred at 1 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE F. F. Priest D.O. (Degree or title)		22b. ADDRESS Poplar Bluff, Mo.	22c. DATE SIGNED 4-21-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Apr. 21, 1959	23c. NAME OF CEMETERY OR CREMATORY Quin Cemetery	23d. LOCATION (City, town, or county) (State) Quin, Missouri
24. FUNERAL DIRECTOR Landess Funeral Home, Campbell, Mo.		25. DATE RECD. BY LOCAL REG. 4/25/59	26. REGISTRAR'S SIGNATURE R. M. M. Tree

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical Certification
vector, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

FILE NO. _____

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 *Christine M. Lander*

Licensed Embalmer No. *4227*
P. O. Address *Campbell, M*

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.