

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014102

STATE FILE NUMBER

FILED APR 28 1959

Registration District No. 207

Primary Registration District No.

Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <b>Maries</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Overland, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Maries County, Mo.</b>			Length of stay in 1b <b>1 day</b>		d. STREET ADDRESS (If outside, give location) <b>4617 Holman Lane</b>		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>Harold</b> Middle <b>Eugene</b> Last <b>Rushin</b>				4. DATE OF DEATH Month <b>Apr.</b> Day <b>17,</b> Year <b>1959.</b>									
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Sept 10, 1943</b>		9. AGE (In years last birthday) <b>15</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>15</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Holland, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>						
13. FATHER'S NAME <b>Dewey H. Rushin</b>				14. MOTHER'S MAIDEN NAME <b>Opal L. Ford Overland, Mo.</b>									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <b>4617 Holman Lane, Opal Stratman, Overland, Mo.</b>									
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Accidental Drowning</b>							INTERVAL BETWEEN ONSET AND DEATH						
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____		DUE TO (c) _____		9299							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							42		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> <b>0</b>				
20a. ACCIDENT <input checked="" 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.) <b>Drowned while swimming</b>										
20c. TIME OF INJURY Hour <b>3:30P</b> a. m. <b>4/17/59</b> 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.) <b>063</b>		20f. CITY, TOWN, OR LOCATION <b>Maries County, Mo.</b>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>[Signature]</i> (Do not write) <b>Coroner</b>				22b. ADDRESS <b>Vienna, Mo.</b>				22c. DATE SIGNED <b>4/18/59</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>4/20/59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>St. Trinity</b>			23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>						
24. FUNERAL DIRECTOR <b>McLaughlin Mortuary, St. Louis Mo.</b>				ADDRESS		25. DATE RECD. BY LOCAL REG. <b>4-18-59</b>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>					

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

APR 20 1959

JUL 28 1959

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 Body Not Embalmed, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed McB...

Licensed Embalmer No. 36

P. O. Address Perma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.