

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018794

STATE FILE NUMBER

JUN 2 1959

Registration District No. 297

Primary Registration District No. 6022

Registrar's No. 72

1. PLACE OF DEATH a. COUNTY <b>RAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>RAY</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>RICHMOND #2</b>		c. CITY OR TOWN <b>HARDIN</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>RAY COUNTY MEM. HOSPITAL</b>		Length of stay in lb <b>1 week</b>	
3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>HENRY</b> Last <b>RUST</b>		4. DATE OF DEATH Month <b>MAY</b> Day <b>24</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 checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MAY 6, 1891</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>REAL ESTATE RENTAL</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>	
11. BIRTHPLACE (City and state or country) <b>LACY SPRINGS, VIRGINIA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>BUSHROD RUST</b>		13b. MOTHER'S MAIDEN NAME <b>SARAH E. SHOUP</b>	
14. NAME OF HUSBAND OR WIFE <b>KATE WRIGHT RUST</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. <b>none</b>		17. INFORMANT <b>Y. L. RUST</b> Address <b>HARDIN, 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>C.V.A.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arterio-Sclerosis</b> DUE TO (c) <b>Chx Prostatitis.</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>611X</b>			INTERVAL BETWEEN ONSET AND DEATH <b>8 days</b>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>—</b>	
20c. TIME OF INJURY Hour <b>—</b> a.m. <b>—</b> p.m. Month, Day, Year <b>—</b>		20d. INJURY OCCURRED WHILE AT <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>—</b>		20f. CITY, TOWN, OR LOCATION <b>—</b>	
20g. COUNTY <b>—</b>		20h. STATE <b>—</b>	
21. I attended the deceased from <b>5-10-59</b> to <b>5-21-59</b> and last saw her alive on <b>5-21-59</b> Death occurred on <b>12:40 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>66 J. M. D.</b> (Degree or title)		22b. ADDRESS <b>Richmond</b>	
22c. DATE SIGNED <b>5-22-59</b>		22d. DATE SIGNED <b>5-22-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>5-23-59</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>LANELOCK Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>RAY COUNTY, Mo.</b>	
24. FUNERAL DIRECTOR <b>Kniesschildt &amp; Brechard</b>		25. DATE RECD. BY LOCAL REG. <b>Mo. 5-25-1959</b>	
26. REGISTRAR'S SIGNATURE <b>Malcolm Jackson</b>		26. REGISTRAR'S SIGNATURE <b>Malcolm Jackson</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

SEP 9 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 ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *August Borchert* .....

Licensed Embalmer No. *4678* .....

P. O. Address *Hardin, Mo.* .....

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.