

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 2 1959

59-040720

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 559v Registrar's No. 168

UNRECORDED

1. PLACE OF DEATH a. COUNTY <u>Jeff.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cape</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joachim Twp.</u>		Length of stay in 1b		c. CITY OR TOWN <u>Cape Girardeau</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Highway 61-67, near Ruby</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1221 Butler</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Robin</u> Middle <u>Rust</u> Last				4. DATE OF DEATH Month <u>11</u> Day <u>22</u> Year <u>59</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>9-25-1958</u>	9. AGE (last birthday) <u>1</u>	IF UNDER 1 YEAR Months <u>14</u> Days	IF UNDER 24 HR Hours <u>1</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and state or country) <u>Cape County</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Gary Rust</u>			13b. MOTHER'S MAIDEN NAME <u>Wendy Kurka</u>			14. NAME OF HUSBAND OR WIFE <u>----</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>Gary Rust Cape Girardeau, Mo.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>multiple fractures.</u>						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)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) <u>Head-on auto crash.</u>						
20c. TIME OF INJURY Hour <u>11:00</u> a.m. / p.m. Month, Day, Year <u>11/22/59</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		20f. CITY, TOWN, OR LOCATION <u>Joachim Twp.</u>		COUNTY <u>Jeff.</u>	STATE <u>Mo.</u>	
21. I attended the deceased from <u>Cubover's View</u> to _____ and last saw her/him alive on _____ Death occurred at <u>11:00 A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>James C. Palmer, A.C. Coroner.</u>				22b. ADDRESS <u>Fenton, Mo.</u>		22c. DATE SIGNED <u>11/23/59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-24-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial</u>		23d. LOCATION (City, town, or county) <u>Cape Girardeau, Mo.</u>				
24. FUNERAL DIRECTOR <u>Ford Funeral Home Cape Girardeau</u>			ADDRESS	25. DATE RECD. BY LOCAL REG. <u>11-23-59</u>	26. REGISTRAR'S SIGNATURE <u>James G. Fisher</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS DEC 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

Henry R. Tol

Licensed Embalmer No.

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P. O. Address

Crystal

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.