

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-006536**

**FILED MAR 3 1960**

**149**

Primary Registration District No. **1002**

Registrar's No. **829**

STATE FILE NUMBER

INDEXED

<b>1. PLACE OF DEATH</b> a. COUNTY <b>JACKSON</b> b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b> Length of stay in 1b <b>31 yrs.</b> c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>RESEARCH HOSP.</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b> c. CITY OR TOWN <b>KANSAS CITY</b> d. STREET ADDRESS (if outside, give location) <b>8111 TERRACE</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First <b>Gale</b> Middle <b>Miller</b> Last <b>Rusk</b>			<b>4. DATE OF DEATH</b> Month <b>FEB</b> Day <b>9</b> Year <b>1960</b>				
<b>5. SEX</b> <b>MALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>JULY 8, 1906</b>	<b>9. AGE (last birthday)</b> <b>53 yrs.</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HR</b> Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>CREDIT AND COLLECTION MANAGER</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>JENKINS MUSIC CO</b>		<b>11. BIRTHPLACE (City and state or country)</b> <b>JOPLIN MO.</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>USA</b>	
<b>13a. FATHER'S NAME</b> <b>FRANK RUSK</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>JENNIE MILLER</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>KERRY L. RUSK</b>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		<b>16. SOCIAL SECURITY NO.</b> <b>486 05 1533</b>		<b>17. INFORMANT</b> Address <b>KERRY RUSK 8111 TERRACE</b>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary occlusion</b> DUE TO (b) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diabetes</b> 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							
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)				
<b>20c. TIME OF INJURY</b> Hour _____ s.m. _____ p.m. Month, Day, Year _____		<b>20d. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>	<b>STATE</b>		
<b>21. I attended the deceased from</b> <b>July 1, 1954</b> <b>to</b> <b>Feb. 9, 1960</b> <b>and last saw him</b> <b>alive on</b> <b>Feb. 9, 1960</b> Death occurred at <b>11:55</b> <b>A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
<b>22a. SIGNATURE</b> (Degree or title) <b>Ann A. Black</b>			<b>22b. ADDRESS</b> <b>M.D. 924 Professional Bldg.</b>		<b>22c. DATE SIGNED</b> <b>2/10/60</b>		
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>REMOVAL</b>		<b>23b. DATE</b> <b>FEB 12, 1960</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>MT. HOPE CEM</b>	<b>23d. LOCATION (City, town, or county) (State)</b> <b>JOPLIN MISSOURI</b>			
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>D. W. NEWCOMER'S SONS K.C. MO.</b>			<b>25. DATE RECD. BY LOCAL REG.</b> <b>2-11-60</b>	<b>26. REGISTRAR'S SIGNATURE</b> <b>Neva Marshall</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Ann A. Black

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Vern Lawler

Licensed Embalmer No. 4915

P. O. Address K. B. Mo

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