

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007569

FILED VS FEB 29 1960

Registration District No. 274Primary Registration District No. 3452Registrar's No. 81

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b <u>Minutes</u>		c. CITY OR TOWN <u>Houston</u>		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6 Mt West of Johnson County Line on US # 50</u>		Inside Limits Yes ☐ No ☒		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First <u>JAMES</u> Middle <u>NELSON</u> Last <u>RUST</u>				4. DATE OF DEATH Month <u>February</u> Day <u>19</u> Year <u>1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>7-18-1941</u>	9. AGE (last birthday) <u>18</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk Beta Sigma Phi Hdg Kansas City, Mo</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Missouri</u>		11. BIRTHPLACE (City and state or country) <u>USA</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Nelson C. Rust</u>		13b. MOTHER'S MAIDEN NAME <u>Rachel F. Smith</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT <u>Sylvia Smith, Houston, Missouri</u> Address <u> </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>Fractured skull due to</u> <u>Centrifugal Accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u> </u> DUE TO (c) <u> </u>						INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
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. ☐ Yes ☐ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Auto Accident</u>					
20c. TIME OF INJURY Hour <u>7:45 PM</u> a.m. <u> </u> p.m. <u> </u> Month, Day, Year <u>2-19-60</u>		20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U. S. Hiway 50</u>		20f. CITY, TOWN, OR LOCATION <u>Pettis Co., Missouri</u>		COUNTY <u> </u> STATE <u> </u>		20g. <u>VIEWED</u>	
21. I, <u>Charles Gordon Steuffels</u> , and last saw her alive on <u> </u> Death occurred at <u>7:38 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Charles Gordon Steuffels, MD., Coroner</u>				22b. ADDRESS <u>Sedalia, Missouri</u>		22c. DATE SIGNED <u>2-20-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>2-20-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Houston Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Houston, Missouri</u>	
24. FUNERAL DIRECTOR <u>Evans Funeral Home Houston, Missouri</u>				25. DATE RECD. BY LOCAL REG. <u>Feb 22-1960</u>		26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS MAR 15 1980

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 Richard G. In Glor

Licensed Embalmer No. 4825

P. O. Address Warren

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.