URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAY 23 1960

-60-019077
STATE FILE NUMBER

ENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 573

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield
Length of stay in 1b: 22 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital
Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Laclede
c. CITY OR TOWN Lebanon
Inside Limits: Yes ☐ No X
d. STREET ADDRESS Route #4 (If outside, give location)
Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Virginia Middle - Last Rust

4. DATE OF DEATH: Month May Day 15 Year 1960

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH: 11/18/88
9. AGE (last birthday): 71
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (City and state or country): Niangua, Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: W. M. Puett
13b. MOTHER'S MAIDEN NAME: Nancy E. Copening
14. NAME OF HUSBAND OR WIFE: John W. Rust

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 489-12-6318A
17. INFORMANT: Mrs. Thelma Wagoner, Lebanon, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Atelectasis due to — INTERVAL BETWEEN ONSET AND DEATH: 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chronic Bronchitis — 3 years
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 9x Hip. ; Cerebral Arteriosclerosis ; Rt. Hemi Plegia

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.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4-23-60 to 5-15-60 and last saw her/him alive on 5-15-60
Death occurred at 10:30 Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Cecil L. Cline MD
22b. ADDRESS: 404 Prof. Bld. Springfield Mo
22c. DATE SIGNED: 5-18-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 5/15/60
23c. NAME OF CEMETERY OR CREMATORY: New Picker Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR: L. K. Palmer ADDRESS: Lebanon, Mo
25. DATE RECD. BY LOCAL REG.: 5-19-60
26. REGISTRAR'S SIGNATURE: Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

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 Stanley R Palm

Licensed Embalmer No. 4810

P. O. Address Lebanon, P

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