

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035330

FILED VS SEP 19 1960 186 Registration District No. Primary Registration District No. 5605 Registrar's No. 17

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, give TOWNSHIP only) Washington			Length of stay in 1b 4 Months		c. CITY OR TOWN Sedalia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) USAF Hospital, Whiteman AFB, Missouri				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1014 South Lamine	
3. NAME OF DECEASED (Type or print) First Cynthia Middle Ann Last Rusk				4. DATE OF DEATH Month September Day 15 Year 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 25 Apr 60	9. AGE (last birthday) IF UNDER 1 YEAR Months 4 Days 20		IF UNDER 24 HR Hours 20 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -			10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and state or country) USAF Hospital, Whiteman AFB, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME James C Rusk			13b. MOTHER'S MAIDEN NAME Glaysd M Hutchens			14. NAME OF HUSBAND OR WIFE -	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. -		17. INFORMANT Address James C Rusk 1014 S Lamine Sedalia Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congenital Heart Disease							INTERVAL BETWEEN ONSET AND DEATH 4 Mo. 20 Days
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 (e)			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 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.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <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.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 25 April 1960 to 15 September 60 and last saw ^{her} XXX alive on 15 Sept 60 Death occurred at 7:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE QUENTIN C CASE M.D. (Degree or title)				22b. ADDRESS USAF Hospital, Whiteman AFB, Missouri			22c. DATE SIGNED 15 Sep 60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9-16-1960	23c. NAME OF CEMETERY OR CREMATORY Woolsey cemetery		23d. LOCATION (City, town, or county) (State) Fayetteville (Missouri) Ark			
24. FUNERAL DIRECTOR M^cLaughlin Bros Sedalia			25. DATE RECD. BY LOCAL REG. Sept 15-60	26. REGISTRAR'S SIGNATURE Thomas L. Beatty			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed K.P.M. Lsa

Licensed Embalmer No. 315

P. O. Address Sedal

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