

FILED NOV 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33599

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 979

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>	
c. LENGTH OF STAY (in this place)		3. NAME OF DECEASED a. (First) <u>JESSE</u> b. (Middle) <u>P.</u> c. (Last) <u>RUST</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1134 E. BROWER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 8 1949</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>6-8-1882</u>	
9. AGE (In years last birthday) (Specify) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during the most of working life, even if retired) <u>RAILROAD MACHINIST</u>	
11. BIRTHPLACE (State or foreign country) <u>Calool, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>MACHINIST</u>		13a. FATHER'S NAME <u>Richard Rust</u>	
13b. MOTHER'S MAIDEN NAME <u>Margaret Simmons</u>		14. NAME OF HUSBAND OR WIFE <u>Gertrude Rust</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'S SIGNATURE OR NAME <u>GERTRUDE RUST</u>		ADDRESS <u>SPRNGD. Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>11-7</u> , 1949, to <u>11-8</u> , 1949, that I last saw the deceased alive on <u>11-8</u> , 1949, and that death occurred at <u>8:30 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>E. H. Bluffman M.D.</u>		23b. ADDRESS <u>Springfield, Mo.</u>	
23c. DATE SIGNED <u>11-9-49</u>		24a. BURIAL, CREMATION, OR REMOVAL (Specify) DATE <u>11-10-49</u>	
24b. NAME OF CEMETERY OR CREMATORY <u>East Lawn Cemetery</u>		24c. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-10-49</u>		REGISTRAR'S SIGNATURE <u>W. E. Landry</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Klingner & Co.</u>		ADDRESS <u>Spfld. Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 5 1950

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 _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed

W. M. Rhodes

Licensed Embalmer No. _____

P. O. Address _____

*4071
Springfield*

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 this body is not embalmed, fact should be so stated above.