

FILED SEP 15 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **31177**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6222 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <u>RAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>RURAL-CROOKED RIVER</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>near Crooked River</u>	
c. LENGTH OF STAY (in this place) <u>78 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>H &amp; R. Din R. F. D.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Nursing R-22</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 3 1951</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALFRED</u>	b. (Middle) <u>CARR</u>	c. (Last) <u>RUST</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>FEB. 25, 1869</u>	9. AGE (In years last birthday) <u>82</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Virginia</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>BUSHROD RUST</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH SHOUR</u>	14. NAME OF HUSBAND OR WIFE <u>REBEKA B. 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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Elizabeth McKenney Harding</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>Cardio Vascular Disease</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertrophy of Prostate</u> DUE TO (c) <u>Hypertension</u> 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 <u>443X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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>Jan 2, 1950</u> , to <u>Sept 3, 1951</u> , that I last saw the deceased alive on <u>Sept 3, 1951</u> , and that death occurred at <u>5:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. E. G. Reram A.B., D.O.</u>		23b. ADDRESS <u>Richmond, Mo.</u>	
23c. DATE SIGNED <u>9/6/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9-5-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lawlor Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Ray Mo.</u>
DATE REC'D BY LOCAL REG. <u>Sept 6-1951</u>	REGISTRAR'S SIGNATURE <u>Madal Jackson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Knapchild &amp; Co. Funeral Home</u>	ADDRESS

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



SEP 17 1958

*WORTHINGTON*

*sales and  
rest 7/11*

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 \_\_\_\_\_  
Student Embalmer

Signed *August Buchheit*

Licensed Embalmer No. *4678*

P. O. Address *Hardin, Mo.*

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.