

Health, Welfare & Public Service

STANDARD CERTIFICATE OF DEATH

59-918794

STATE FILE NUMBER

JUN 2 1959 Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 72

300 1-57

1. PLACE OF DEATH a. COUNTY RAY b. CITY OR TOWN RICHMOND #2 c. FULL NAME OF DECEASED WILLIAM HENRY RUST 2. USUAL RESIDENCE a. STATE Mo. b. COUNTY RAY c. CITY OR TOWN HARDIN d. STREET ADDRESS 0890 3. NAME OF DECEASED First Middle Last WILLIAM HENRY RUST 4. DATE OF DEATH MAY 21 1959 5. SEX male 6. COLOR OR RACE white 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH MAY 6 1891 9. AGE 88 10a. USUAL OCCUPATION REAL ESTATE RENTAL 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE LACY SPRINGS, VIRGINIA 12. CITIZEN OF WHAT COUNTRY U.S. 13a. FATHER'S NAME BUSHROD RUST 13b. MOTHER'S MAIDEN NAME SARAH E. SHOUP 14. NAME OF HUSBAND OR WIFE KATE WRIGHT RUST 15. WAS DECEASED EVER IN U.S. ARMED FORCES? no 16. SOCIAL SECURITY NO. none 17. INFORMANT Y. W. RUST Address HARDIN, Mo. 18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) C.V.A. DUE TO (b) ARTERIO-SCLEROSIS DUE TO (c) CHRONIC PROSTATITIS. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. 20c. TIME OF INJURY 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY 20f. CITY, TOWN, OR LOCATION COUNTY STATE 21. I attended the deceased from Death occurred on 5-10-59 at 12:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated and last saw her alive on 5-21-59 22a. SIGNATURE 22b. ADDRESS Richmond 22c. DATE SIGNED 5-22-59 23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 5-23-59 23c. NAME OF CEMETERY OR CREMATORY LAUELOCK Cem. 23d. LOCATION (City, town, or county) (State) RAY COUNTY, Mo. 24. FUNERAL DIRECTOR ADDRESS Kniepschild & Boerherding - Hardin, Mo. 25. DATE RECD. BY LOCAL REG. 5-25-1959 26. REGISTRAR'S SIGNATURE Malu Jackson

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

1959 SEP 9 6 JES

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 *August Bocherling*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.