

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19668**

FILED JUN 28 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5234 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <b>Cass</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>RURAL W. Peculiar Twp</b> ) c. LENGTH OF STAY (If in this place) <b>55 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL W. Peculiar Twnshp</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1 1/2 Mi. N.W. Peculiar</b>		d. STREET ADDRESS (If rural, give location) <b>1 1/2 Mi. N.W. Peculiar</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Mary</b>	b. (Middle) <b>E.</b>	c. (Last) <b>Rust</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 20, 1950</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Apr. 3, 1856</b>	9. AGE (In years last birthday) <b>94</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 MIN. Hours	IF UNDER 24 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (State or foreign country) <b>Bloomington, Ill.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>A. M. Stringfield</b>	13b. MOTHER'S MAIDEN NAME <b>Amelia Hand</b>	14. NAME OF HUSBAND OR WIFE <b>Frank P. Rust</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Harry Wales, R.F.D. Peculiar, Mo.</b>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3</b>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <b>?</b> DUE TO (c) <b>Senility</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>arteriosclerosis</b>		<b>4 1/2</b>	

19a. DATE OF OPERATION <b>✓</b>	19b. MAJOR FINDINGS OF OPERATION <b>✓</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>✓</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>✓</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>✓</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>✓</b>
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22. I hereby certify that I attended the deceased from 3/15, 1934, to         , 1950, that I last saw the deceased alive on 6/15, 1950, and that death occurred at 7 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>Martin V. Robbins, MD</b>	(Degree or title)	23b. ADDRESS <b>Peculiar, Mo.</b>	23c. DATE SIGNED <b>6/21/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial (1)</b>	24b. DATE <b>June 22 '50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Peculiar</b>	24d. LOCATION (City, town, or county) (State) <b>Peculiar, Mo.</b>
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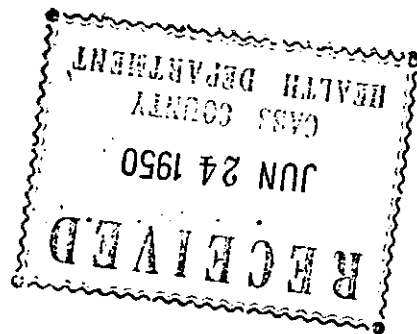
DATE REC'D BY LOCAL REG. <b>June 22, 1950</b>	REGISTRAR'S SIGNATURE <b>Laura J. Jones</b>	51	25. FUNERAL DIRECTOR'S SIGNATURE <b>B. K. Seeger</b>	ADDRESS <b>Bella Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

S. No. 300  
v. 10.48

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**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 \_\_\_\_\_

*A. K. George*

Licensed Embalmer No. \_\_\_\_\_

*3645*

P. O. Address \_\_\_\_\_

*Leandrew 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.