

THIS RECORD IS VALID FOR DEATH ONLY

BIRTH No.		FILE No. 117		2004 17 875	
1A. LAST NAME OF DECEASED RUST		1B. FIRST NAME RICHARD		1C. MIDDLE NAME A.	
2A. DATE OF DEATH (Month, Day, Year) May 29, 2004		3A. SEX MALE		3B. RACE BLACK	
3C. TIME OF DEATH 11:30 PM		4. MARITAL STATUS (Specify Name of Spouse) NEVER MARRIED		5. SURVIVING SPOUSE (If Wife, give Maiden Name) NONE	
7. DATE OF BIRTH (Month, Day, Year) ARR. 05, 1970		8A. AGE 34		8B. BIRTH PLACE (City and State or Foreign Country) KINGSTON, JAMAICA, WEST INDIES	
9. OCCUPATION (Kind of work, including most of working life) ELECTRICIAN		10. TYPE OF BUSINESS/INDUSTRY CONSTRUCTION		11. TYPE OF RESIDENCE ORIGIN NO	
12. EVER IN U.S. ARMY, NAVY, AIR FORCE, OR COAST GUARD NO		13. SOCIAL SECURITY NUMBER 086-70-8821		14. DECEASED'S EDUCATION (Type, only if not in U.S. Armed Forces) -12-	
15. COLLEGE (If any) -2-		16. HOSPITAL <input type="checkbox"/> PATIENT <input checked="" type="checkbox"/> ER - OUTPATIENT <input type="checkbox"/> ODA <input type="checkbox"/> NON-HOSPITAL <input type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER		17. NAME OF FACILITY (If other facility, give street address or location) Oakdale Community Hospital	
18. CITY/TOWN/VILLAGE/LOCATION OF DEATH Oakdale, Louisiana		19. PLACE OF DEATH IN CITY (Limit 100 characters) Yes		20. PARISH OF DEATH Allen	
21A. STREET ADDRESS OF HOME (Specify street, house number or location) P.O. BOX 5060 SA FEDERAL BUREAU OF PRISON		21B. PARISH OF RESIDENCE ALLEN		21C. STATE OF RESIDENCE LA	
22. USUAL RESIDENCE OF DECEASED (City, town or location) OAKDALE		23. ZIP CODE 71463		24. RESIDENCE INSIDE CITY (YES/NO) YES	
25A. FATHER'S LAST NAME RUST		25B. FATHER'S PLACE OF BIRTH KINGSTON		25C. STATE JAMAICA, W.I.	
26A. MOTHER'S MAIDEN NAME LINDSAY		26B. MOTHER'S PLACE OF BIRTH KINGSTON		26C. STATE JAMAICA, W.I.	
27A. TYPE OR PRINT NAME OF INFORMANT BETTY EVANS		27B. INFORMANT'S ADDRESS P.O. BOX 5060 OAKDALE, LA 71463		27C. DATE (Month, Day, Year) JUNE 1, 2004	
28A. METHOD OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> OTHER		28B. DATE THEREOF JUNE 12, 2004		28C. NAME AND LOCATION OF CEMETERY OR CREMATORIUM CYPRESS HILL CEMETERY QUEENS, NEW YORK	
29A. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR WHITE OAKS FUNERAL HOME P.O. BOX 776 OAKDALE, LA 71463-0776		29B. FACILITY NUMBER 2339		29C. LICENSE NUMBER E-2031	
30A. BURIAL TRANSIT PERMIT 2004 17 875		30B. PARISH OF ISSUE ORLEANS		30C. DATE OF ISSUE 06-03-04	
30D. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>		31. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> UNDETERMINED			
32A. DATE OF INJURY (Month, Day, Year)		32B. TIME OF INJURY		32C. INJURY AT WORK (YES/NO)	
32D. PLACE OF INJURY (Specify as home, farm, factory, street, etc.)		32E. DESCRIBE HOW INJURY OCCURRED			
32F. LOCATION (Street Number or Rural Route, City, Parish, State)		33. SIGNATURE OF PHYSICIAN OR CORONER <i>[Signature]</i>			
33A. DATE (Month, Day, Year) 6/1/04		34. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
35. TYPE OR PRINT NAME AND TITLE OF PHYSICIAN OR CORONER Herbert A. Nesom, Jr., M.D.		36. ADDRESS OF PHYSICIAN OR CORONER 400 East 6th Avenue, Oakdale, Louisiana 71461			
37. PART I: ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY FAILURE OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Medical Unkymia		38. IMMEDIATE CAUSE (Final disease or condition resulting in death) Cardiac myopathy			
39. UNDERLYING CAUSE (Disease or injury that caused events resulting in death) LAST Rheumatic Fever		39A. DUE TO (OR AS A CONSEQUENCE OF)			
39B. DUE TO (OR AS A CONSEQUENCE OF)		39C. DUE TO (OR AS A CONSEQUENCE OF)			
39D. DUE TO (OR AS A CONSEQUENCE OF)		39E. DUE TO (OR AS A CONSEQUENCE OF)			
40. PART II: OTHER PROMINENT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE IN PART I. <input type="checkbox"/> Tobacco <input type="checkbox"/> Other		41. IF DECEASED WAS FEMALE, WAS SHE PREGNANT IN THE LAST 90 DAYS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK		42. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
43. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		PHS 16-1 (REV. 01/93)			

Name of decedent for use by physician or institution

ISSUED BY *Cecilia [Signature]* 06/03/04
DATE
AT: ALLEN PARISH HEALTH UNIT
OAKDALE LA



I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE OR DOCUMENT REGISTERED WITH THE VITAL RECORDS REGISTRY OF THE STATE OF LOUISIANA, PURSUANT TO LSA - R.S.40:32, ET SEQ.

[Signature]
STATE REGISTRAR