Lusk Jr

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-1-12-38 I X14028

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REC'D DEC 16 1938

38530
Do not use this space.

1. PLACE OF DEATH
(a) County Bates — Registration District No. 50
(b) Township — Primary Registration District No. 3004 — Registered No. 82
(c) City Butler — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 151 Louis Micheal Deffenbaugh
(a) Residence, No. ..... St. ..... (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs Minnie Deffenbaugh
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 1 1866
7. AGE: YEARS 72 — MONTHS 2 — DAYS 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as saw mill, bank, etc.: Shoe Cobbler
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Athens Co Ohio

FATHER
13. NAME: Loring P. Deffenbaugh
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Athens Co Ohio

MOTHER
15. MAIDEN NAME: Isabel Dent
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Athens Co Ohio

17. INFORMANT (ADDRESS): Mrs Minnie Deffenbaugh Butler Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Hill — DATE: Nov 28 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Culver's Butler Mo
20. FILED: Nov 28 1938 — Nina L Culver, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): November 26, 1938
22. I HEREBY CERTIFY, That I attended deceased from Sept 22 1938 to Nov 26 1938
I last saw him alive on Nov 18 1938. Death is said to have occurred on the date stated above, at 8:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Disease	
Chronic Myocarditis	
	1860

Other contributory causes of importance:
Chronic Nephritis
Fractured femur 9/22/38

Name of operation: — Date of .....
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Sept 22 1938
Where did injury occur? Fell at home, Butler, Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: in home fractured femur (right)
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) Chas A. Lusk Jr M. D.
53 (Address) Butler, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-38-536
Date Filed 12-9-38

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 Denton Leslie,
Registered Apprentice No. 163, working under my personal supervision.

Signed Henry G. Newell

Licensed Embalmer No. 3111

P. O. Address Butler 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, above space should be left blank.