

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

D. Conrad  
18517  
State File No. \_\_\_\_\_  
Registrar's No. 27

Registration District No. 607

Primary Registration District No. 5806

1. PLACE OF DEATH:

(a) County New Madrid  
(b) City or town Portageville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1 package  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 10 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid  
(c) City or town Portageville  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29  
year 1941 hour 11 minute 10A.  
21. I hereby certify that I attended the deceased from Jan 1927 to May 29 1941  
that I last saw him alive on May 29 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac failure  
(decompensation) 10 days  
Due to \_\_\_\_\_  
Due to Bilateral Pulmonary  
Tuberculosis 15 years  
Other conditions: None

Major findings: \_\_\_\_\_  
Of operations: 12/12  
Of autopsy: \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
595 (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature: D. Conrad (M. D. or other) M.D.  
Address: Portageville Date signed: 5-29-41

3. (a) PRINT FULL NAME Luther P. Lusk

3. (b) If veteran \_\_\_\_\_ name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

7. (b) Name of husband or wife Monnie B. Lewis 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased: June 18 (Month) 1883 (Day) (Year)

8. AGE: Years 57 Months 11 Days 41 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Hickman (City, town, or county) Ky (State or foreign country)

10. Usual occupation: Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name: John W. Lusk

13. Birthplace: Mayfield (City, town or county) Ky (State or foreign country)

14. Maiden name: Morris Smith

15. Birthplace: Morton (City, town, or county) Ill (State or foreign country)

16. (a) Informant: John W. T. Lusk

(b) Address: Portageville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6 30-1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Portageville Mo

18. (a) Signature of funeral director: H. H. Hall (b) Address: Portageville Mo

19. (a) June 3 1941 (Date received local registrar) (b) Mam W. Cook (Registrar's signature)

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

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Portageville, 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.**