

FILED APR 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7721  
Registrar's No. 16

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 4138

1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>MISSOURI</u> b. COUNTY <u>CLINTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>LATHROP</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>LATHROP</u>	
c. LENGTH OF STAY (in this place) <u>68 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		1949	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lloyd</u> b. (Middle) <u>Elijah</u> c. (Last) <u>Hussey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 1 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Jan. 24 - 1881</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER &amp; STEERMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>MO</u>
13a. FATHER'S NAME <u>WALTER HUSSEY</u>		13b. MOTHER'S MAIDEN NAME <u>CHRISTINE MCCOY</u>	14. NAME OF HUSBAND OR WIFE <u>HALLIE B. HUSSEY</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mr Hallie B. Hussey</u> ADDRESS <u>LATHROP</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		18. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma bladder</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1417</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Lathrop Clinton Mo</u>	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Apr. 1 - 49 11:42 am</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>2/15</u> 19 <u>49</u> , to <u>4/1</u> 19 <u>49</u> , that I last saw the deceased alive on <u>4/1</u> 19 <u>49</u> , and that death occurred at <u>11:42</u> m. from the causes and on the date stated above			
23a. SIGNATURE (Degree or title) <u>L. J. Longfield, M.D.</u>		23b. ADDRESS <u>Lathrop, Mo.</u>	
23c. DATE SIGNED <u>4/1/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APRIL 3 - 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>LATHROP CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>LATHROP MO</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 2, 1949</u>		REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u> ADDRESS <u>390 DeMoss CRUNK CAMERON, MO</u>	
DATE REC'D BY LOCAL REG.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

25  
2  
0

**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.

Signed \_\_\_\_\_

*Lee M. M. Crunk*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2533

P. O. Address CAMERON, 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.