

FILED APR 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11294

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY: <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived) Institution: residence before admission (if applicable) a. STATE: <u>Mo.</u> b. COUNTY: <u>Henry Co.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>Neosho Wash. Sup.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>Blainstown</u>	
c. LENGTH OF STAY (in this place): <u>21 days</u>		d. STREET ADDRESS (If rural, give location): <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>State Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First): <u>HUSSEY</u> b. (Middle): <u>ROBERT</u> c. (Last): <u>D.</u>			4. DATE OF DEATH (Month) (Day) (Year): <u>3-31-49</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>9-7-1867</u>
9. AGE (In years last birthday): <u>81</u> Months: <u>6</u> Days: <u>24</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>None</u>
11. BIRTHPLACE (State or foreign country): <u>Keosauqua Mo.</u>		12. CITIZENSHIP (What country): <u>USA</u>	
13a. FATHER'S NAME: <u>Samuel Hussey</u>		13b. MOTHER'S MAIDEN NAME: <u>Mary Hartman</u>	14. NAME OF HUSBAND OR WIFE: <u>Mr R. D. Hussey</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): <u>no</u>		16. SOCIAL SECURITY NO.: <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME: <u>Hospital record</u> ADDRESS: <u>Neosho</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>Myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH: _____	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES: <u>heart disease</u>	
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last: <u>4200</u>	
		DUE TO (b): _____	
		DUE TO (c): _____	
II. OTHER SIGNIFICANT CONDITIONS: <u>Pulmonary Congestion</u>			
19a. DATE OF OPERATION: _____		19b. MAJOR FINDINGS OF OPERATION: _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify): _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.): _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>3-9-</u> , 19 <u>49</u> , to <u>3-31</u> , 19 <u>49</u> that I last saw the deceased alive on <u>3-31-</u> , 19 <u>49</u> , and that death occurred at <u>6 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE: <u>R. G. Hall</u> (Name or title)		23b. ADDRESS: <u>Neosho Mo.</u>	23c. DATE SIGNED: <u>3-31-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>	24b. DATE: <u>April 2, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY: <u>Rolla Yoder Memorial</u>	24d. LOCATION (City, town, or county) (State): <u>Johnson Mo.</u>
DATE REC'D BY LOCAL REG.: <u>April 4 - 49</u>	REGISTRAR'S SIGNATURE: <u>Nathaniel H. Yancy</u>	25. FUNERAL DIRECTOR'S SIGNATURE: <u>Fred Wilkinson</u>	ADDRESS: <u>Clinton Mo.</u>

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

RECEIVED

District Health Officer No. 7;

District File Number 3-49-356

Date Filed 4-11-49

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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 \_\_\_\_\_

none

Student Embalmer No. none

working under my personal supervision.

Signed None .....  
Student Embalmer

Signed Francis Lee Schelley

Licensed Embalmer No. 4513

P. O. Address Clinton MD

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.