

FILED MAY 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16807

No. 300
10.48

80

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

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3852 Registrar's No. 151

1. PLACE OF DEATH a. COUNTY PETTIS			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY PETTIS		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDLAIA		c. LENGTH OF STAY (In this place) 4 months	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDLAIA		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1601 South Vermont			d. STREET ADDRESS (If rural, give location) 1601 South Vermont		
3. NAME OF DECEASED (Type or Print) a. (First) ISAAC b. (Middle) ALFRED c. (Last) LUSK			4. DATE OF DEATH (Month) (Day) (Year) May 2 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married Widowed	8. DATE OF BIRTH April 8 1875		9. AGE (In years last birthday) 74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) BUNGEY, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME King Lusk		13b. MOTHER'S MAIDEN NAME Lucy Slocum	
14. NAME OF HUSBAND OR WIFE Sally Parks Lusk		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Mrs. J. F. Self		17. ADDRESS 1601 So. Vermont, Sedalia, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerosis					
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 Congestive heart failure, ecthymia					
Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (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) _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from Feb 1949 , to May 2, 1949 , that I last saw the deceased alive on May 1, 1949 , and that death occurred at 7:30 AM. , from the causes and on the date stated above.					
23a. SIGNATURE D. R. Edwards		(Degree or title) M.D.		23b. ADDRESS Sedalia Mo.	
23c. DATE SIGNED 5/2/49		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4 May 1949	
24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Sedalia, Mo			
DATE REC'D BY LOCAL REG. 5-4-1949		REGISTRAR'S SIGNATURE Betty Yeager		25. FUNERAL DIRECTOR'S SIGNATURE D. W. Beckert	
		25. ADDRESS Sedalia, Mo.			

MAY 9 REC'D

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-16-49

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.

Student _____
Student Embalmer

Signed Frank S. Coffman Jr.

Licensed Embalmer No. 4559

P. O. Address Sedalia, 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.