

FILED JUL 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22509**

BIRTH NO. _____		REG. DIST. NO. 31		PRIMARY REG. DIST. NO. 4039		Registrar's No. 34	
1. PLACE OF DEATH a. COUNTY Benton				2. USUAL RESIDENCE (Where deceased lived. - If institution; residence before admission). a. STATE MISSOURI b. COUNTY BENTON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lincoln		c. LENGTH OF STAY (In this place) 2 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lincoln		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE							
3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL b. (Middle) FRANKLIN c. (Last) HUSTLER			4. DATE OF DEATH (Month) (Day) (Year) July 19, 1949				
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH April 19, 1875	9. AGE (In years last birthday) 76	NUMBER OF MONTHS 3	YEAR 3	IF UNDER 18 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) labor		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Benton County, Mo		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Aquilla Hustler		13b. MOTHER'S MAIDEN NAME Sarah Ann Jackson		14. NAME OF HUSBAND OR WIFE			
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.		17. INFORMANT'S SIGNATURE OR NAME Mrs Fannie Stratton Lincoln Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) no		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sugar Diabetes 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. INTERVAL BETWEEN ONSET AND DEATH 260X					
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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 17, 1949 , to July 19, 1949 , that I last saw the deceased alive on July 19, 1949 , and that death occurred at 4:50 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. S. Stratton M.P.				23b. ADDRESS Lincoln Mo		23c. DATE SIGNED July 25, 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE July 21, 1949	24c. NAME OF CEMETERY OR CREMATORY Union Cemetery		24d. LOCATION (City, town, or county) (State) Benton County Mo		
DATE REC'D BY LOCAL REG. 7-25-49		REGISTRAR'S SIGNATURE E. E. Edwards		25. FUNERAL DIRECTOR'S SIGNATURE John F. Reser		ADDRESS Lincoln Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 6-49-888

Date Filed 1-25-49

OCT 25 1949

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 John F. Reser

Signed _____
Student Embalmer

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.