

FILED OCT 7 1949

STANDARD CERTIFICATE OF DEATH

State File No. 31035

63

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

|   |                               |   |  |  |   |   |  |
|---|-------------------------------|---|--|--|---|---|--|
| BIRTH NO. _____   |                               | REG. DIST. NO. <u>207</u>   |  | PRIMARY REG. DIST. NO. <u>5756</u>   |   | Registrar's No. <u>28</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Marion</u>  |                               |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Marion</u> |   |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Jefferson Twn.</u>  |                               | c. LENGTH OF STAY (in this place) <u>81 yrs</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Jefferson Twn.</u>                                   |   |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____   |                               |   |  | d. STREET ADDRESS (If rural, give location) _____  |   |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) <u>Thomas Edgar Luster</u>   |                               |   | a. (First)   | b. (Middle)  | c. (Last)   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Sept 24-1949</u>                        |  |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>   | 8. DATE OF BIRTH <u>May 5 - 1862</u>                       |  | 9. AGE (In years last birthday) <u>87</u>                                     | IF UNDER 1 YEAR<br>Months _____ Days _____  | IF UNDER 2 WEEKS<br>Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY _____   |  | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u>  |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |  |
| 13a. FATHER'S NAME <u>Thomas B. Luster</u>  |                               | 13b. MOTHER'S MAIDEN NAME <u>Sarah Fourt</u>  |  | 14. NAME OF HUSBAND OR WIFE <u>Harriett McQueen</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>Mr. Fred Luster</u>   |   | ADDRESS <u>Rolla-Mo.</u>  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                             |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tumor of the Pharynx</u><br>ANTECEDENT CAUSES<br><u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u><br>DUE TO (b) <u>Tumor of intestines</u><br>DUE TO (c) <u>X</u><br>II. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u> |  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>✓</u><br><u>✓</u><br><u>✓</u>                |  |
| 19a. DATE OF OPERATION _____  |                               | 19b. MAJOR FINDINGS OF OPERATION _____  |  |  |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>   |                               | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Rural-Jeff. Twn, Marion Mo</u>  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____  |   |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____   |                               | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR? <u>211X</u>   |   |   |  |
| 22. I hereby certify that I attended the deceased from <u>July 21, 1949</u> to <u>Sept 24, 1949</u> , that I last saw the deceased alive on <u>Sept 24, 1949</u> , and that death occurred at <u>10:00 AM</u> from the causes and on the date stated above. |                               |   |  |  |   |   |  |
| 23a. SIGNATURE <u>O. B. Jones M.D.</u>  |                               |   |  | 23b. ADDRESS <u>Rolla Mo</u>   |   | 23c. DATE SIGNED <u>9/28/49</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |                               | 24b. DATE <u>9-27-49</u>  | 24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u> |  | 24d. LOCATION (City, town, or county) (State) <u>Rolla, Marion County Mo.</u> |   |  |
| DATE REC'D BY LOCAL REG. <u>Sept 29-49</u>  |                               | REGISTRAR'S SIGNATURE <u>Pauline Howard</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Dan</u>  |   |   |  |

\_\_\_\_\_ District File Number

District Health Officer No. 91

RECEIVED  
OCT 4 1919

**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 \_\_\_\_\_

*Chester S. Sisson*

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

Licensed Embalmer No. \_\_\_\_\_

4178

P. O. Address \_\_\_\_\_

Blund

**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.