

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34527**

FILED OCT 22 1949

72
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>241</u>		PRIMARY REG. DIST. NO. <u>5829</u>		Registrar's No. <u>44</u>	
1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>New Madrid</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Frailley Mo. (Portage Twp)</u>		c. LENGTH OF STAY (In this place) <u>2 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Frailley Mo.</u>		72	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>Frailley Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Logan</u> b. (Middle) <u>J.</u> c. (Last) <u>Usselton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 1, 1949</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 10, 1873</u>	9. AGE (In years last birthday) <u>76</u>	# UNDER 1 YEAR <u>1</u>	# UNDER 2 HRS. <u>21</u>	# UNDER 4 HRS. <u>Min.</u>
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 <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Equality Ill. /</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Usselton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Kay Moorings Frailley Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Renal disease</u>		ANTECEDENT CAUSES (b) <u>Chronic Bronchial Trouble</u>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS (c) <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				442X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>Sept 1, 1949</u> , to <u>Oct 1, 1949</u> , that I last saw the deceased alive on <u>Oct 22, 1949</u> , and that death occurred at <u>2</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John J. Eckhardt</u>				23b. ADDRESS <u>Halecomb Mo</u>		23c. DATE SIGNED <u>10/6/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 4 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Malden</u>		24d. LOCATION (City, town, or county) (State) <u>Malden, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 6, 1949</u>		REGISTRAR'S SIGNATURE <u>Ellen DeLulio</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Funeral Service</u>		ADDRESS <u>Permaton</u>	

(Licensed Embalmer's Statement on Reverse Side)

675-950
RECEIVED OCT 20 1949

District Health Office N

District File Number 1049-

Date Filed _____

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

Walter Marsh Watkins

Signed _____

Student Embalmer

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.