

FILED APR 19 1950

STANDARD CERTIFICATE OF DEATH

State File No. 14269BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 140

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| 1. PLACE OF DEATH a. COUNTY <u>St. Francois County, Mo.</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u> | |
| -b. CITY (If outside corporate limits, write RURAL and give township) <u>Bonne Terre</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Farmington</u> | |
| c. LENGTH OF STAY (in this place) <u>2 days</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) <u>EDNA</u> | a. (First) | b. (Middle) <u>JOYCE</u> | c. (Last) <u>Lusk</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 13, 1950</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Oct. 26, 1890</u> | 9. AGE (In years last birthday) <u>59</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Doniphan, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |

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| 13a. FATHER'S NAME <u>Marvin Russell</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary E. Gentry</u> | 14. NAME OF HUSBAND OR WIFE <u>John S. Lusk</u> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>John Lusk, Farmington, Mo.</u> | ADDRESS |
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| 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>Cerebral Cerebrolism</u> | II. OTHER SIGNIFICANT CONDITIONS | | <u>5 min.</u> |
| ANTECEDENT CAUSES | DUE TO (b) <u>cause unknown</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. | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS | Conditions contributing to the death but not related to the disease or condition causing death. | | <u>332X</u> |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 March 20, 1950, to April 13, 1950, that I last saw the deceased alive on April 13, 1950, and that death occurred at 11 a. m., from the causes and on the date stated above.

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|---|-------------------------------------|---------------------------------|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) | 23b. ADDRESS <u>Farmington, Mo.</u> | 23c. DATE SIGNED <u>4-14-50</u> |
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|---|--------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>4-16-50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Towles Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Doniphan Missouri</u> |
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|---|--|---|---|
| DATE REC'D BY LOCAL REG. <u>Apr. 14, 1950</u> | REGISTRAR'S SIGNATURE <u>Ether Rudloff</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | ADDRESS <u>Cozean Funeral Home, Farmington, Mo.</u> |
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(Licensed Emballer's Statement on Reverse Side)

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

10. 300

1410

RECEIVED

APR 17 1950

DISTRICT HEALTH OFFICE No.

File No. 450-574

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 _____

Licensed Embalmer No. 4084

P. O. Address Farmington, N.H.

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.