

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5435  
Registrar's No. 5

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 233 PRIMARY REG. DIST. NO. 5813

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Upper Louter</u> c. LENGTH OF STAY (If this place) <u>8 days</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Upper Louter No 0700</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>6 Mi. North of Wellsville</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Ann</u> c. (Last) <u>Dustin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 4, 1951</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>May 19, 1867</u>
9. AGE (In years last birthday) <u>83</u>		10. MONTHS <u>8</u>	11. DAYS <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (State or foreign country) <u>Freeport, Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John W. Boyer</u>	
13b. MOTHER'S MAIDEN NAME <u>JENNIE RUNLET</u>		14. NAME OF HUSBAND OR WIFE <u>Adna W. Dustin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Clarence A. Dustin</u> ADDRESS <u>Wellsville, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>atherosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>42.01</u>	
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) (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 <u>June</u> , 19 <u>50</u> , to <u>Feb 4</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Feb 4</u> , 19 <u>51</u> , and that death occurred at <u>7:05 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. H. Walker, Jr.</u>		23b. ADDRESS <u>Wellsville Mo.</u>	
23c. DATE SIGNED <u>2/6/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Feb. 6, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Wellsville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wellsville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2-6-51</u>		REGISTRAR'S SIGNATURE <u>W. S. Roman, Jr.</u>	
425		25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith &amp; Hollander</u> ADDRESS <u>Wellsville, Mo.</u>	

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

0700  
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File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

FEB 13 1951

RECEIVED

MAY 11 1951

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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 \_\_\_\_\_

*E. Boone Schlanke*

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

Licensed Embalmer No. 4136

P. O. Address Montgomery City, Md.

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.