

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5653

FILED MAR 10 1952

State File No.

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Brookfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Linn</u>	
c. LENGTH OF STAY (in this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Larney Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u> b. (Middle) <u>CECIL</u> c. (Last) <u>DUST</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-1-52</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5-8-1892</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>23</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>Agriculture</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>John H. Dust</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Giden</u>		14. NAME OF HUSBAND OR WIFE <u>Altha</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Cecil E. Dust, Pasadena, Texas</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary atherosclerosis & myocardial infarction</u>			INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</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>Prior coronary thrombosis with violence & infarction (MVD)</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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>4201</u>	

22. I hereby certify that I attended the deceased from 2-29, 1952, to 3-1, 1952, that I last saw the deceased alive on 3-1, 1952, and that death occurred at 10:19 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) <u>John R. Dyer M.D.</u>		23b. ADDRESS <u>Brookfield Mo</u>		23c. DATE SIGNED <u>3-4-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-4-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>IOOF Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Linn Mo</u>					

DATE REC'D BY LOCAL REG. <u>3-7-52</u>		REGISTRAR'S SIGNATURE <u>Glynette Burkholder</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J B Bralton</u>	
				ADDRESS <u>Linn, Mo.</u>	

WRITE-PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

300
48

582
0

0

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.....

W. R. Wright

Licensed Embalmer No. 4655

P. O. Address Leeds, 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.