

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31433

OCT 14 1952

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 300 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give town) Fayette		c. CITY (If outside corporate limits, write RURAL and give township) Fayette	
c. LENGTH OF STAY (in this place) 4 WKS		d. STREET ADDRESS (If rural, give location) 200 W. Morrison St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lee Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Anna		b. (Middle) Margaret		c. (Last) Lusby		4. DATE OF DEATH (Month) (Day) (Year) Oct. 6, 1952	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Jan. 28, 1884	
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months 8 Days 8		IF UNDER 1 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cooking				10b. KIND OF BUSINESS OR INDUSTRY Lee Hospital		11. BIRTHPLACE (State or foreign country) Howard Co. Missouri	
				12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME John A. Lusby		13b. MOTHER'S MAIDEN NAME Louise Shiflett		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-34-8896		17. INFORMANT'S SIGNATURE OR NAME William Lusby ADDRESS Fayette, Mo	

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) Perforated Spleen Bladder with Generalized Peritonitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) Chronic Cholecystitis + Chronic Cholelithiasis		INTERVAL BETWEEN ONSET AND DEATH 10 days	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Sept 10**, 19**52**, to **10-6**, 19**52**, that I last saw the deceased alive on **10-6**, 19**52**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE: Wald Bloom M.D. Fayette Mo		23b. ADDRESS		23c. DATE SIGNED 10-10-52	
---	--	--------------	--	----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/8/52		24c. NAME OF CEMETERY OR CREMATORY Fayette City Cemetery Fayette, Missouri		24d. LOCATION (City, town, or county) (State)	
---	--	--------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. 10-10-52		REGISTRAR'S SIGNATURE Mary K. Shell		25. FUNERAL DIRECTOR'S SIGNATURE Ralph A. Carr ADDRESS Fayette, Mo	
--	--	--	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

0451

0451

U

584X

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. *2/15/21*

Student
Student Embalmer

Signed *Ralph A. Carr* _____

Licensed Embalmer No. *3340* _____

P. O. Address *Fayette, 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.