

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35872

FILED OCT 22 1952

State File No.

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 318

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>	
c. LENGTH OF STAY (In this place) <u>4 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1413 South Carr</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1413 South Carr</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary Elizabeth</u> b. (Middle) <u>Pussing</u> c. (Last) <u>Pussing</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10 16 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9-11-1864</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>6</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Michigan</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Issac Plum</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Fenton</u>	14. NAME OF HUSBAND OR WIFE <u>David A. Pussing</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ruth Lehmer</u> ADDRESS <u>Sedalia Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>5 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES <u>Hypertension & Arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Senility</u>		

19a. DATE OF OPERATION <u>***</u>	19b. MAJOR FINDINGS OF OPERATION <u>***</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>**</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>***</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>***</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>***</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>***</u>
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22. I hereby certify that I attended the deceased from 8 Sept, 1950, to 16 Oct, 1952, that I last saw the deceased alive on 16 Oct, 1952, and that death occurred at 4:50A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Glenn A. Walker D.O.</u>	23b. ADDRESS <u>Sedalia, Missouri</u>	23c. DATE SIGNED <u>16 Oct 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10-18-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ocawatimie</u>	24d. LOCATION (City, town, or county) (State) <u>Wareaw Ind.</u>
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DATE REC'D BY LOCAL REG. <u>10-17-1952</u>	REGISTRAR'S SIGNATURE <u>R. Campbell</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Paul M. Moore</u> ADDRESS <u>La Monte Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Paul M Moore

Licensed Embalmer No. 3923

P. O. Address Le Mentre, 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.