

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10. 48

FILED JAN 10 1953

BIRTH NO. 812848 REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. 29-52

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tuscumbia</u>	c. LENGTH OF STAY (in this place) <u>2 days.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldon</u> <u>0610</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Humphreys Hospt</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. 3</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DARREL</u> b. (Middle) <u>DANIEL</u> c. (Last) <u>Dusenbery</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 30, 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Dec. 29, 1952</u>		9. AGE (In years last birthday) <u>3</u> IF UNDER 1 YEAR Months <u>3</u> Days <u>3</u> IF UNDER 11 WKS. Hours <u>3</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Tuscumbia, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Clifford Dusenbery</u>	13b. MOTHER'S MAIDEN NAME <u>Naomi Scott</u>	14. NAME OF HUSBAND OR WIFE
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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>Arthur Dusenbery</u>	ADDRESS <u>Eldon</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory failure from Prematurity</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>7735</u>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 12-29, 1952, to 12-30, 1952, that I last saw the deceased alive on 12-30, 1952, and that death occurred at 7:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. E. Humphrey, D.O.</u>	(Degree or title)	23b. ADDRESS <u>Tuscumbia, Missouri</u>	23c. DATE SIGNED <u>12/31/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 1-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dooley</u>	24d. LOCATION (City, town, or county) (State) <u>Eldon Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 31 1953</u>	REGISTRAR'S SIGNATURE <u>Mrs. Richard L. Wright</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis D. Phillips</u>	ADDRESS <u>Eldon</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Jan. 31-1952

DOOLEY

(Licensed Embalmer's Statement on Reverse Side)

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_____

Louis D. Phillips

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

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.

[Handwritten mark]