

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22099

State File No. ....

FILED JUL 7 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 4275 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marionville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marionville</u>	
c. LENGTH OF STAY (In this place) <u>41 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0550</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South at Euclid Streets</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Ella</u>	c. (Last) <u>Slusher</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 28, 1953</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>Feb. 1, 1865</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>27</u>	IF UNDER 48 HRS. Hour <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Lawrence Kansas /</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>James E. Foster</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Nelson</u>	14. NAME OF HUSBAND OR WIFE <u>John Wesley Slusher</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>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bertha Schatzman</u>	ADDRESS <u>Marionville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal anemia.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>Year.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis.</u>		
	DUE TO (c) <u>Repeated cerebral thromboses.</u>		
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>332x</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)
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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?
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22. I hereby certify that I attended the deceased from 1947 to June 28, 1953, that I last saw the deceased alive on June 27, 1953, and that death occurred at 2:15 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. P. Lytle, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Marionville, Mo.</u>	23c. DATE SIGNED <u>6-29-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 1, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Marionville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-30-1953</u>	REGISTRAR'S SIGNATURE <u>Osma Mc Nott</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Hurdidge</u>	ADDRESS <u>Marionville, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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1951

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 Herman Hurridge

Licensed Embalmer No. 3072

P. O. Address Marionville

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.