

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

25497

State File No.

FILED JUL 21 1953

BIRTH NO. _____		REG. DIST. NO. <u>171</u>		PRIMARY REG. DIST. NO. <u>4267</u>		Registrar's No.		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)				
a. COUNTY <u>Lafayette</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Lafayette</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Odessa</u>		c. LENGTH OF STAY (in this place) <u>55 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Odessa</u>		0540		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Louis</u>			b. (Middle) <u>C.</u>		
			c. (Last) <u>Husman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 12, 1953</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 16, 1871</u>		
						9. AGE (In years last birthday) <u>81</u>		
						IF UNDER 1 YEAR: Months _____ Days _____		
						IF UNDER 24 HRS. _____ MIN. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		
13a. FATHER'S NAME <u>Chas. Husman</u>				13b. MOTHER'S MAIDEN NAME <u>Henrietta Toffern</u>		14. NAME OF HUSBAND OR WIFE <u>Mattie Husman</u>		
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>Irving L. Husman</u> ADDRESS <u>Odessa, Mo.</u>		
18. CAUSE OF DEATH								
Enter only one cause per line for (a), (b), and (c)								
MEDICAL CERTIFICATION								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>								
INTERVAL BETWEEN ONSET AND DEATH								
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.								
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>No surgery</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		4500		
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?				
22. I hereby certify that I attended the deceased from _____, 19 <u>53</u> , to <u>7-11</u> , 19 <u>53</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>W. Martin</u> (Degree or title)				23b. ADDRESS <u>Odessa Mo</u>		23c. DATE SIGNED <u>7-13-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 14, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Odessa Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Odessa Mo.</u>		
DATE REC'D BY LOCAL REG. <u>7-13-53</u>		REGISTRAR'S SIGNATURE <u>Emma Davidson</u> 433		25. FUNERAL DIRECTOR'S SIGNATURE <u>Husman-Sparks</u>		ADDRESS <u>Odessa, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

40

AUG 11 1953

SEP 25 1953

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

William T. Sparks

Licensed Embalmer No.

4431

P. O. Address

Oessa, 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.