

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

State File No. **34717**

FILED SEP 21 1953

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **186**

S. No. 300
v. 10.48

972
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Saline		a. STATE Missouri b. COUNTY Saline <i>0972</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall <i>0</i>	
c. LENGTH OF STAY (in this place) 6 Weeks		d. STREET ADDRESS (If rural, give location) 205 E. Rea <i>Arrow</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 205 E. Rea			
3. NAME OF DECEASED			4. DATE OF DEATH (Month) (Day) (Year)
a. (First) Gypsie b. (Middle) Iva c. (Last) Luse			Sept. 18 1953
5. SEX <i>Female</i> Female		6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 25-1891		9. AGE (In years last birthday) 62 IF UNDER 1 YEAR: Months 2 Days 23 IF UNDER 12 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Fish Creek, Missouri <i>0</i>
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME William H. Page		13b. MOTHER'S MAIDEN NAME Lucy Neff	14. NAME OF HUSBAND OR WIFE Clarence V. Luse
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clarence V. Luse-Marshall, Missouri
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) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		PRECEDENT CAUSES Morbid 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 331X
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 <u>7-6</u> ¹⁹⁵² to <u>9-18</u>, 1952, that I last saw the deceased alive on <u>9-18</u>, 1952, and that death occurred at <u>8:30</u> p. m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Dr. R. C. Reel</i> Dr. R. C. Reel (Degree or title)		23b. ADDRESS Marshall, Mo.	23c. DATE SIGNED 9-18-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/20/53	24c. NAME OF CEMETERY OR CREMATORY Glencoe Cemetery	24d. LOCATION (City, town, or county) (State) Glencoe - Missouri
DATE REC'D BY LOCAL REG. 9-19-1953	REGISTRAR'S SIGNATURE Sidney S. Gray <i>3855</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Leake Lacey - Marshall, Mo.	

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed J. Lehi Sweeney

Licensed Embalmer No. 8-35

P. O. Address Marshall, Va

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.