

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36677**

FILED NOV 13 1953

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4384 Registrar's No. 217

0740

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

1. PLACE OF DEATH a. COUNTY <u>nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>missouri</u> b. COUNTY <u>nodaway</u>	
b. CITY OR TOWN <u>Skidmore</u>		c. CITY OR TOWN <u>Skidmore</u> <u>0740</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED a. (First) <u>JAMES</u> b. (Middle) <u>LOGAN</u> c. (Last) <u>DUSART</u>			4. DATE OF DEATH (Month) <u>11</u> (Day) <u>8</u> (Year) <u>1953</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>MARRIED</u>	8. DATE OF BIRTH <u>10-9-1859</u>
9. AGE (In years last birthday) <u>94</u>		IF UNDER 1 YEAR: Months <u>0</u> Days <u>29</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Andrew Co Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Logan Dusart</u>	
13b. MOTHER'S MAIDEN NAME <u>Jermellia</u>		14. NAME OF HUSBAND OR WIFE <u>Hattie Dusart</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Hattie Dusart</u>		ADDRESS <u>Skidmore Mo</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gangrene of left toes + foot</u> ANTECEDENT CAUSES DUE TO (b) <u>Thrombosis - embolism</u> DUE TO (c) <u>Arterio sclerosis.</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>4501</u>	
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) <u>Skidmore, Nodaway, Missouri</u>			
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 <u>8-17, 1953</u> , to <u>11-8, 1953</u> , that I last saw the deceased alive on <u>11-8, 1953</u> , and that death occurred at <u>11:45A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. R. Titcomb, D.O.</u>		23b. ADDRESS <u>Skidmore, Mo.</u>	
23c. DATE SIGNED <u>11-9-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-10-1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>DUSART</u>		24d. LOCATION (City, town, or county) (State) <u>near Skidmore Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-14-53</u>		REGISTRAR'S SIGNATURE <u>Beas. 1601.229</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Breit Funeral Home</u>		ADDRESS <u>SAVANNAH MO</u>	

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 E. C. Breit

Licensed Embalmer No. 2658

P. O. Address Lavonish, ms

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.