

FILED JAN 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1781

State File No.

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>De Soto</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>De Soto</u>	
c. LENGTH OF STAY (in this place) <u>5 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>100? Boyd</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1002 Boyd St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Susan</u> b. (Middle) <u>Emmaline</u> c. (Last) <u>Huskey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-7-54</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Feb. 8, 1883</u>		9. AGE (In years) (last birthday) <u>70</u>		IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Hillsboro, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Benjamin Milton Lanham</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret McCormack</u>		14. NAME OF HUSBAND OR WIFE <u>Andrew Huskey, Dec.</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert Lanham, 1018 S. 3rd St. De Soto</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u> <u>4 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease with myocardial insufficiency</u>		
	DUPLICATE OF (a) <u>Generalized arteriosclerosis</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUPLICATE OF (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>4200</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT (Specify) <u>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>De Soto, Mo.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>Jan 7, 1954, 7:15 pm.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Oct 1, 1953 to Jan 7, 1954, that I last saw the deceased alive on Jan 7, 1954, and that death occurred at 7:15 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thomas A. Dounell, M.D.</u>		23b. ADDRESS <u>De Soto, Mo.</u>		23c. DATE SIGNED <u>1-9-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-10-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City</u>	
				24d. LOCATION (City, town, or county) (State) <u>De Soto, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>1-14-54</u>		REGISTRAR'S SIGNATURE <u>Marie Parrier</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Lee Mothershead, De Soto, Mo.</u>	
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WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

0502

0503

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED JAN 18 1954

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

W. E. McWhorter
Licensed Embalmer No. 3531
P. O. Address *Leato m*

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.