

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2032

State File No. ....

FILED JAN 12 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 7319 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <b>MARIES</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>MARIES</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BELLE</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BELLE</b>	
c. LENGTH OF STAY (in this place) <b>14 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>FAMILY HOME</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>WILLIAM</b>	b. (Middle) <b>HORACE</b>	c. (Last) <b>LUSHER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 5 - 1954</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAY 6-1880</b>	9. AGE (In years last birthday) <b>73</b>	# UNDER 1 YEAR Months Days	# UNDER 2 WKS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SECTION LABORER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>RAILROAD</b>	11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>BILL LUSHER</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>MARTHA (Helmig) LUSHER</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>708-14-6538</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Martha Lusher (wife) Belle</b>
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bright's Disease</b>		
	II. OTHER SIGNIFICANT CONDITIONS* <b>Gastritis</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:  DUE TO (b) _____  DUE TO (c) _____			

19a. DATE OF OPERATION <b>✓</b>	19b. MAJOR FINDINGS OF OPERATION <b>592X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>20</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>✓</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>✓</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <b>✓</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>✓</b>
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22. I hereby certify that I attended the deceased from **12-27**, 1953 to **1-6**, 1954, that I last saw the deceased alive on **12-27**, 1953, and that death occurred at **5:55** a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>E. L. Bunker, M.D.</b>	23b. ADDRESS <b>Belle, Mo.</b>	23c. DATE SIGNED <b>1-7-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JAN 8th</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Schaning Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Maries County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>1-8-54</b>	REGISTRAR'S SIGNATURE <b>Pauline Howard</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Sasannah S Service Belle, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

630

0630  
0

FEB 19 1968

**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 Chester Sasser

Licensed Embalmer No. 4178

P. O. Address Bland - 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.**