

FILED JUL 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22863

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>5349</u>		Registrar's No. <u>53</u>	
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette, Mo. Rural Rightho</u>		c. LENGTH OF STAY (in this place) <u>8 yrs</u>		c. CITY OR TOWN <u>Fayette</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R. #3 Fayette, Mo.</u>				STREET ADDRESS (If rural, give location) <u>Rural R.R. #3 Fayette, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jennie</u> b. (Middle) <u>Madge</u> c. (Last) <u>Lusby</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 27, 1954</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2/13/1954</u>		9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>14</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Randolph County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Grove</u>		13b. MOTHER'S MAIDEN NAME <u>Bettie Featherston</u>		14. NAME OF HUSBAND OR WIFE <u>Jesse Lusby</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>493-22-7875</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jesse Lusby R.R.3 Fayette Missouri</u> ADDRESS _____			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic psychosis + nephritis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>10 weeks</u> <u>4 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Good</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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>Jan.</u> , 19 <u>47</u> , to <u>June 27</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>June 20</u> , 19 <u>54</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Mr. J. Shaw M.D.</u> (Degree or title)				23b. ADDRESS <u>Fayette, Mo.</u>		23c. DATE SIGNED <u>6-29-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/30/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Ridge Cemetery Fayette</u>		24d. LOCATION (City, town, or county) (State) <u>Missouri</u>		
DATE REC'D BY LOCAL REG. <u>6-29-54</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shelb</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph A. Case</u>		ADDRESS <u>Fayette, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
0.48

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, ~~only~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Ralph A. Carr*

Licensed Embalmer No. *33*.....

P. O. Address *Fayette*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.