

No. 300
10. 48

FILED OCT 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31451

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5968 Registrar's No. 112

| | | | |
|---|--------------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Polk | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Polk | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Halfway | | c. CITY OR TOWN Halfway | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 1 year | | e. STREET ADDRESS (If rural, give location) 8 miles Southeast of Halfway | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 8 miles Southeast of Halfway | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Agnes | | b. (Middle) Lust | |
| c. (Last) Lust | | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 9, 1954 | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Mar. 5 1906 |
| 9. AGE (In years last birthday) 48 | 10. UNDER 1 YEAR Days 7 | 11. UNDER 1 YEAR Hours 4 | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper | | 10b. KIND OF BUSINESS OR INDUSTRY Housework | |
| 11. BIRTHPLACE (City and State or Foreign Country) Jasper County Iowa | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Henry Woody | | 13b. MOTHER'S MAIDEN NAME Ella Broderson | |
| 14. NAME OF HUSBAND OR WIFE Lloyd Walter Lust | | | |

| | | | |
|--|---|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. | 16. SOCIAL SECURITY NO. 479-10-5797 | 17. INFORMANT'S SIGNATURE OR NAME Lloyd W. Lust | |
| | | ADDRESS Halfway, Mo. | |

| | | | |
|---|---|--|--|
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulation By Drowning | | INTERVAL BETWEEN ONSET AND DEATH Instant |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Drowning | | |
| | 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 E975X | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|--|---|

| | | |
|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Near Home | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) N.E. of Halfway Polk Mo. |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct. 9, 1954 | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? V |

22. I hereby certify that I attended the deceased from **Oct. 9, 1954** to _____, 19____, that I last saw the deceased alive on **Oct. 9, 1954**, and that death occurred at **about 10:30 AM**, from the causes and on the date stated above.

| | | | |
|--|--|---------------------------------|--|
| 23a. SIGNATURE Wesley B. Brown | (Degree or title) Coroner Polk | 23b. ADDRESS Polk Mo. | 23c. DATE SIGNED Oct. 10, 1954 |
|--|--|---------------------------------|--|

| | | | |
|---|-----------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE Oct. 11, 1954 | 24c. NAME OF CEMETERY OR CREMATORY Hewitt Cemetery | 24d. LOCATION (City, town, or county) (State) 4 miles E. of Reagor, Iowa |
|---|-----------------------------------|--|--|

| | | | | |
|--|--|-----|--|-----------------------------|
| DATE REC'D BY LOCAL REG. Oct. 10, 1954 | REGISTRAR'S SIGNATURE Ralph Gordon | 258 | FUNERAL DIRECTOR'S SIGNATURE Corwin and Blue | ADDRESS Polk, Mo. |
|--|--|-----|--|-----------------------------|

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFAADING BLACK INK--MAKE A PERMANENT RECORD

NOV 4 1961

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.....
Signature of Student Embalmer

Signed *William D. Erwin*

Licensed Embalmer No. *2092*

P. O. Address *Belmar*

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.