

STANDARD CERTIFICATE OF DEATH

State File No. 34790

FILED NOV 15 1954

BIRTH NO.		REG. DIST. NO. 267		PRIMARY REG. DIST. NO. 3049		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <i>Demissot</i>				2. USUAL RESIDENCE (Where deceased lived or institution: residence here admt. opt.) a. STATE <i>Missouri</i> b. COUNTY <i>Demissot</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>Hayti</i>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <i>Hayti</i>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <i>Brown's Quarters 0781</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Lusena</i> b. (Middle) <i>Wood</i> c. (Last) <i>Starks</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Oct 30 1954</i>				
5. SEX <i>Female</i>		6. COLOR OR RACE <i>Negro</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH <i>Dec 25, 1913</i>	
9. AGE (In years last birthday) <i>40</i>		10. MONTHS <i>10</i>		11. DAYS <i>5</i>		12. HOURS <i>5</i> Min. <i>5</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <i>Housework</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Miss</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Unknown</i>			13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>K. S. Woods</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>K.S. Woods Hayti, Mo</i>			
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) <i>Chronic Arteriosclerosis</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Acute Dilatation of Heart</i> DUE TO (c)				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 <i>10/29</i> , 19 <i>54</i> , to <i>10/30</i> , 19 <i>54</i> , that I last saw the deceased alive on <i>10/30</i> , 19 <i>54</i> , and that death occurred at <i>7:30</i> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>L. D. Bentore, M.D.</i>				23b. ADDRESS		23c. DATE SIGNED <i>11-1-54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>11-2-54</i>		24c. NAME OF CEMETERY OR SPMATORY <i>Morgan Cemetery Hayti, Mo</i>		24d. LOCATION (City, town, or county) (State) <i>Rural</i>	
DATE REC'D BY LOCAL REG. <i>11-1-54</i>		REGISTRAR'S SIGNATURE <i>John W. German</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>John H. German</i>		ADDRESS <i>Hayti Mo</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

11. 259-54

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHOENIX  
CARUTHERSVILLE, MO.

NOV 12 1954

NOV 9 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.....  
Signature of Student Embalmer

Signed *John H. German*

Licensed Embalmer No. *430*

P. O. Address *Hayti*

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.