

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

378

State File No.

FILED JAN 23 1956

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 55

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

1. PLACE OF DEATH. a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Joseph</u>) c. LENGTH OF STAY (In this place) <u>Most of Life</u>		c. CITY OR TOWN <u>St. Joseph</u> d. 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>Littler Nursing Home, #3</u> e. STREET ADDRESS (If rural, give location) <u>R.F.D. 1. Cook Road.</u>		f. FULL NAME OF DECEASED a. (First) <u>Joseph</u> b. (Middle) <u>Henry</u> c. (Last) <u>Dusenberry</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year) <u>January 14th 1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>July 27-1874</u>	
9. AGE (In years last birthday) <u>81 Yrs</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Business Manager & Accountant.</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Dawn, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Mabel Dusenberry</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>none</u>	
16. SOCIAL SECURITY NO. <u>487-14-4217</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Victor Dusenberry, Happy Camp, Calif</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, asphyxia, 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>Arterial Tension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331x</u>	
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) (Minute) _____		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 14, 1956</u> , to <u>Jan 14, 1956</u> , that I last saw the deceased alive on <u>Jan 13, 1956</u> , and that death occurred at <u>9:00a</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>John G. Swack M.D.</u>		23b. ADDRESS <u>Wathena, Kansas</u>	
23c. DATE SIGNED <u>1-15-1956</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>(Burial)</u>	
24b. DATE <u>Jan. 17- 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ludlow Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Ludlow, Missouri.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Catherine M. Allison</u> ADDRESS <u>St. Joseph, Mo.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Jan 18, 1956</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>St. Joseph, Mo.</u>	

JUN 23 1956

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 *Raymond D. Mosher*.....

Licensed Embalmer No. 4413.....

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