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FILED NOV 7 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35377
STATE FILE NUMBER

Registration District No. 119 Primary Registration District No. 5436 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY: Gasconade
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Boulware Twp. — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: At home Bay Mo. — Length of stay in 1b: 3 Yr.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Gasconade
c. CITY OR TOWN: Bay — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 270 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Martha Ann Middle: Last: Lusher

4. DATE OF DEATH Month: Oct. Day: 29 Year: 1957

5. SEX: Female **6. COLOR OR RACE:** White **7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐ **8. DATE OF BIRTH:** June 25 1879 **9. AGE** (In years last birthday): 78 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife **10b. KIND OF BUSINESS OR INDUSTRY:** Home **11. BIRTHPLACE** (City and state or country): Hope Mo. **12. CITIZEN OF WHAT COUNTRY?** U. S. A.

13a. FATHER'S NAME: William Butler **13b. MOTHER'S MAIDEN NAME:** Jane Jett **14. NAME OF HUSBAND OR WIFE:** Wm. Lusher

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.** **17. INFORMANT:** Mrs. Frank Reithemeyer Address: Bay, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Renal Failure. — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chronic Glomerulonephritis — 2 years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic Myocarditis, Rheumatoid Arthritis. 592X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐ **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) **20f. CITY, TOWN, OR LOCATION** COUNTY STATE

21. I attended the deceased from May 7, 1956 to Oct. 27, 1957 and last saw her alive on Oct. 27, 1957
Death occurred at 5 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) D.O. **22b. ADDRESS:** Hermann, Mo. **22c. DATE SIGNED:** 10/30/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE:** 10 31 1957 **23c. NAME OF CEMETERY OR CREMATORY:** Giedinghagen **23d. LOCATION** (City, town, or county) (State): Mt. Sterling Mo.

24. FUNERAL DIRECTOR Milford H Winter **ADDRESS** Owensville **25. DATE RECD. BY LOCAL REG.** 10-31-57 **26. REGISTRAR'S SIGNATURE** Delma Uffelman

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 Millard H. Winter

Licensed Embalmer No. 3835

P. O. Address OWENSVILLE

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.