

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027872
STATE FILE NUMBER

FILED AUG 4 1958 Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 123

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		c. CITY OR TOWN Fayette	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 469 S Benton		d. STREET ADDRESS (If outside, give location) Watts ave.	
Length of stay in lb 10 months		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First ALFRED Middle GREEN Last LUSBY			4. DATE OF DEATH July 29, 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 26, 1875	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming	11. BIRTHPLACE (City and state or country) Owen Co. Kentucky		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Samuel Lusby			14. MOTHER'S MAIDEN NAME Annie O'Banion		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. None	17. INFORMANT Homer Lusby 666 W Jackson Marshall		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vas Accident.		INTERVAL BETWEEN ONSET AND DEATH 4 days
DUE TO (b) Cerebral Vas Thrombosis.		
DUE TO (c) 332X		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY. Hour 8:45 Month July Day 28 Year 1958			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from Spring 1958 to July 28, 1958 and last saw her alive on July 26, 1958 . Death occurred at 8:45 A. m. on the day stated above; and to the best of my knowledge, from the causes stated.		20f. CITY, TOWN, OR LOCATION Marshall, Missouri COUNTY STATE	
22a. SIGNATURE (Degree or title) B. H. Finkbeiner M.D.		22b. ADDRESS Marshall, Missouri	
22c. DATE SIGNED 7-29-1958			

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-31-1958	23c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Cemetery Marshall, Missouri	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR Lumley-Kear Funeral Home Marshall		25. DATE RECD. BY LOCAL REG. 7-30-59		26. REGISTRAR'S SIGNATURE Cecil G. Reed

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service 0912 300 1-56
 All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. 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 casually related. Coroner cannot certify to a death due to natural causes.

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 *Jack Purkeser*.....

Licensed Embalmer No. *463*

P. O. Address *Muskegon*

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.