URL DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 1 5 1960

-60-031669
STATE FILE NUMBER

ENDED

Registration District No. 294 Primary Registration District No. 30 56 Registrar's No. 203

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly — Length of stay in 1b: 4 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Woodland Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Chariton
c. CITY OR TOWN Salisbury — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 604 East 2nd St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Ursula Middle Allene Last Lusher

4. DATE OF DEATH Month August Day 5 Year 1960

5. SEX Fe.

6. COLOR OR RACE Wh.

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH ~~1/8/1898~~ 1/8/1898

9. AGE (last birthday) 62 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY home

11. BIRTHPLACE (City and state or country) Bosworth, Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Richard Reyburn

13b. MOTHER'S MAIDEN NAME Minnie Crispin

14. NAME OF HUSBAND OR WIFE Francis Erwin Lusher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT F.E. Lusher, Salisbury, Mo. — Address

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) Scleroderma — INTERVAL BETWEEN ONSET AND DEATH: 2 - 3 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 June 22, 1960, to Aug. 5, 1960 and last saw her/him alive on Aug. 5, 1960
Death occurred at 8:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature]

22b. ADDRESS Moberly, Mo.

22c. DATE SIGNED Aug. 8, '60

23a. BURIAL, CREMATION, REMOVAL (Specify) burial

23b. DATE 8/7/60

23c. NAME OF CEMETERY OR CREMATORY Salisbury City Cemetery

23d. LOCATION (City, town, or county) (State) Salisbury, Mo.

24. FUNERAL DIRECTOR Chas. B. Winkelmeyer, Salisbury, Mo. — ADDRESS

25. DATE RECD. BY LOCAL REG. 8-8-60

26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

VS AUG 18 196

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chas B Winkelme

Licensed Embalmer No. 38420

P. O. Address Salisbury,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.