

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014330

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

FILED MAY 17 1961

Primary Registration District No. 3036

Registrar's No. 41

STATE FILE NUMBER

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Lawrence			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Aurora		Length of stay in 1b 3 Months	c. CITY OR TOWN Aurora		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 804 McNatt, Aurora, Mo.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 208 West Church	
3. NAME OF DECEASED (Type or print) First James Middle W. Last Dustman			4. DATE OF DEATH Month April Day 24 Year 1961		
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 3/6/1868	9. AGE (last birthday) 93	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Connersburg, Ohio		12. CITIZEN OF WHAT COUNTRY USA.
13a. FATHER'S NAME Jefferson Monroe Dustman		13b. MOTHER'S MAIDEN NAME Marie (Unknown)		14. NAME OF HUSBAND OR WIFE Gertrude Dustman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. Gertrude Dustman, Aurora, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Obama, Pulmonary DUE TO (b) Myocardial Failure DUE TO (c) Heart disease, Arteriosclerosis, Hypertension PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis, Scleroid					INTERVAL BETWEEN ONSET AND DEATH 2 weeks 1 month
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m.	Month, Day, Year				
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.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. I attended the deceased from April 1 - 1955 to October 22, 1961 and last saw him alive on April 22, 1961 . Death occurred at 1:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Kenneth L. Gray M.D.			22b. ADDRESS Aurora, Mo.		22c. DATE SIGNED 4/25/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 26, 1961	23c. NAME OF CEMETERY OR CREMATORY Maple Park Cem. Mausoleum	23d. LOCATION (City, town, or county) Aurora, Missouri		(State)
24. FUNERAL DIRECTOR ADDRESS Oscar L. Marsh, Aurora, Missouri			25. DATE RECD. BY LOCAL REG. 4-26-1961	26. REGISTRAR'S SIGNATURE Minnie McNatt Deputy	

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 *Dean L. Marsh*

Licensed Embalmer No. 3812

P. O. Address Aurora, Ill.

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.