SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-020824
STATE FILE NUMBER

AMENDED

Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 62

FILED JUL 5 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Dent
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Salem Mo; — Length of stay in 1b: 40Yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: At Her Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Dent
c. CITY OR TOWN: Salem Mo. — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 809 East 3rd Street — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Bertha Middle: Alma Last: Luster
4. DATE OF DEATH: Month: June Day: 29 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-30-1900
9. AGE (last birthday): 60 — 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: Housework
11. BIRTHPLACE (City and state or country): Dent County Mo.
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: Wm. M. Scahfer
13b. MOTHER'S MAIDEN NAME: Delia Morton
14. NAME OF HUSBAND OR WIFE: Oliver Luster
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Oliver Luster Address: Salem 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): Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 2 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): CARCINOMA of COLON — Appx 5-6 mos
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Malnutrition + Dehydration
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 April 1960, to 6/29/61 and last saw her alive on 6/25/61
Death occurred at 9.30 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title) MD
22b. ADDRESS: Salem Mo
22c. DATE SIGNED: 7/1/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-2-61
23c. NAME OF CEMETERY OR CREMATORY: Ceadrgrove Cemetery
23d. LOCATION (City, town, or county) (State): Salem Dent County Mo.

24. FUNERAL DIRECTOR: Spencer Funeral Home inc. ADDRESS
25. DATE RECD. BY LOCAL REG.: 7/1/61
26. REGISTRAR'S SIGNATURE: M. M. Hart, M.D. by [signature]

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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