

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED JAN 22 1963

-63-001011

Registration District No. 112 Primary Registration District No. 5428 Registrar's No. 1

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

10360

22209

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11036

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE MO b. COUNTY L	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BOONE Length of stay in 1b		c. CITY OR TOWN ST. LOUIS, MO Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HIGHWAY ACCIDENT Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS: 2600 SLATTERY (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) SILOUS LUSK First Middle Last		4. DATE OF DEATH 1-11-63 Month Day Year	
5. SEX M	6. COLOR OR RACE COLORED	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-17-96
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TIRE DRIVER		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and state or country) ARKANSAS
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME DAN. LUSK	
13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE Hallie Lusk	
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. 02	
17. INFORMANT Hallie Lusk 2600 Slattery St Louis Mo		18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) fracture of rib due to laceration of lung Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO lung PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) laceration of face PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) Subject was driver of auto		20c. TIME OF INJURY 11:15 p.m. Hour Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home 2600 Slattery St	
20f. CITY, TOWN, OR LOCATION St. Louis COUNTY Franklin STATE Mo		21. I attended the deceased from 11:15 p.m. to 11:15 p.m. and last saw her/him alive on 1-11-63 on the date stated above, and to the best of my knowledge, from the causes stated.	
22. SIGNATURE John Charles Finley (Degree or title)		22b. ADDRESS 2221 N Grand St St Louis Mo	
22c. DATE SIGNED 1/11/63		23a. BURIAL, CREMATION, OR REMOVAL (Specify) 1-17-63	
23b. DATE 1-17-63		23c. NAME OF CEMETERY OR CREMATORY GREENWOOD	
23d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO		24. FUNERAL DIRECTOR Ed Boone ADDRESS 1221 N Grand St St Louis Mo	
25. DATE RECD. BY LOCAL REG. Jan 14 1963		26. REGISTRAR'S SIGNATURE John Charles Finley	

JAN 28 1963

382
2-10

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 *Edith [Signature]*

Licensed Embalmer No. 4361
1221 N Grand Blvd
P. O. Address: St Louis 6 Mo

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.