

FILED OCT 28 1957

THE DIVISION OF HEALTH OF MASSACHUSETTS  
STANDARD CERTIFICATE OF DEATH

35574  
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 618

5. 300

1-57

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>HENRY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>ma</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clinton</b>		c. CITY OR TOWN <b>Clinton</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>CENTRAL HOTEL</b>		d. STREET ADDRESS (If outside, give location) <b>Central Hotel</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>FRANK HOWARD Dusenbury</b>		4. DATE OF DEATH Month Day Year <b>Oct 22 1957</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>4/14/1883</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CANDY MAKER</b>		10b. KIND OF BUSINESS OR INDUSTRY	10c. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>GEORGE EDWIN Dusenbury</b>		13b. MOTHER'S MAIDEN NAME <b>SUSAN HENDRICKS ESTER</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>490-05-9109A</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>		17. INFORMANT Address <b>Springfield</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>510 yrs</b>	
DUE TO (c) <b>4201</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 <b>1936</b> to <b>1957</b> and last saw him alive on <b>10-22-57</b> Death occurred at <b>Clinton Mass 10:20 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>James P. Smith MD</b>		22b. ADDRESS <b>Clinton Mass</b>	
22c. DATE SIGNED <b>10-24-57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Oct 25/57</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Englewood care</b>		23d. LOCATION (City, town, or county) (State) <b>Clinton ma</b>	
24. FUNERAL DIRECTOR <b>J E Conner</b>		25. DATE RECD. BY LOCAL REG. <b>10-24-57</b>	
ADDRESS <b>Clinton</b>		26. REGISTRAR'S SIGNATURE <b>Mildred Biquin</b>	

21/0

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 *Eugene R. Consalvo* .....

Licensed Embalmer No. *4680* .....  
P. O. Address *Clinton, 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.