

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40082

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 2018 Registrar's No. 396

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Andrew</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>near Rea</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>near Rea Mo</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>mo</u> | | | |

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|---|-----------------------------|--|--|
| 3. NAME OF DECEASED (Type or Print) | | 4. DATE OF DEATH (Month) (Day) (Year) | |
| a. (First) <u>Lois</u> | b. (Middle) <u>Mayda</u> | c. (Last) <u>Dusart</u> | |
| 5. SEX <u>F</u> | | 6. COLOR OR RACE <u>W</u> | |
| 7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | | 8. DATE OF BIRTH <u>Feb-12-1922</u> | |
| 9. AGE (In years last birthday) <u>27</u> | | 10. IF UNDER 1 YEAR Months <u>10</u> Days <u>5</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Andrew Co Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME <u>Roy messick</u> | | 13b. MOTHER'S MAIDEN NAME <u>Lillian S Simmons</u> | | 14. NAME OF HUSBAND OR WIFE <u>WAYNE DUSART</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>no</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Roy Messick Fillmore Mo.</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple skull Fractures</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>9:30 AM</u> | |
| | | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Automobile Accident</u> | | | |
| | | DUE TO (c) | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

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|--|--|---|---|--|-------------------------------------|
| 21a. ACCIDENT (Specify) <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>State Highways</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Platte Township, Andrew, Mo.</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec. 10, 1949 5:35 PM</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Automobile struck rear of a truck.</u> | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:35 PM</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>W.E. Maxwell, D.O., Coroner</u> | | | 23b. ADDRESS <u>307 W. Main, Savannah, Mo.</u> | | 23c. DATE SIGNED <u>12/12/49</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>12-13-1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Fillmore</u> | |
| | | 24d. LOCATION (City, town, or county) (State) <u>Fillmore Mo</u> | | | |

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|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>12-13-49</u> | | REGISTRAR'S SIGNATURE <u>Lillian Sparks</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Breit Funeral Home Savannah Mo</u> | |
| | | | | ADDRESS <u>Savannah Mo</u> | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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
Student Embalmer

Signed _____

Licensed Embalmer No. 4472

P. O. Address Swannell

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 this body is not embalmed, fact should be so stated above.