

FILED MAY 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17571

BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 5811 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Montgomery			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Montgomery c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		
b. CITY OR TOWN Buell		c. LENGTH OF STAY (In this place) 7 da	c. CITY OR TOWN Webster Groves Mo		4007
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence Buell Mo			d. STREET ADDRESS (If rural, give location) I043 Tuxedo		
3. NAME OF DECEASED (Type or Print)	a. (First) Juanita	b. (Middle) O.	c. (Last) Cusack	4. DATE OF DEATH (Month) (Day) (Year) 5-17-50	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 5, 1893	9. AGE (In years last birthday) 57	10. UNDER 1 YEAR Days 2 Hours 12 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Edward Buckley		13b. MOTHER'S MAIDEN NAME Della Tillie		14. NAME OF HUSBAND OR WIFE Edward Cusack	
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. no	17. INFORMANT'S SIGNATURE, OR NAME Edward Cusack ADDRESS _____		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angina Pectoris ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____ DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH 4202
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Buell - Montgomery Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 18 May, 1950 , to _____, 19____, that I last saw the deceased alive on 17 May, 1950 , and that death occurred at 8:30 P.M. , from the causes and on the date stated above.					
23. SIGNATURE (Degree or title) Clement J. Lennett			23b. ADDRESS Montgomery City, Mo		23c. DATE SIGNED 18 May 50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-22-50	24c. NAME OF CEMETERY OR CREMATORY Lake Charles	24d. LOCATION (City, town, or county) (State) St Louis Mo		
DATE REC'D BY LOCAL REG. 5-19-50	REGISTRAR'S SIGNATURE Bernice C. W. Hopkins	25. FUNERAL DIRECTOR'S SIGNATURE (State) ADDRESS C. W. Hopkins Montgomery City Mo			

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

0690

C. W. Hopkins

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 on the 18
day of May 1950

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

C. W. Hopkins

Signed C. W. Hopkins

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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 this body is not embalmed, fact should be so stated above.