

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13000

State File No. ....

FILED APR 18 1951

BIRTH NO. .... REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 86

*Clinton*  
*4-12-51*

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

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carthage</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>"Rural" Marion 0497</b>	
c. LENGTH OF STAY (In this place) <b>3 1/2 Days</b>		d. STREET ADDRESS (If rural, give location) <b>Carthage Route #2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McCune Brooks Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b>	b. (Middle) <b>Homer</b>	c. (Last) <b>DUSHER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 11, 1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 23, 1889</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>18</b>	IF UNDER 1 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret'd. Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Scottsbluff, Nebr.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>James B. Dusher</b>	13b. MOTHER'S MAIDEN NAME <b>Sophia Worthington</b>	14. NAME OF HUSBAND OR WIFE <b>Bessie Davis Dusher</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W. #1</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Bessie Dusher</b>	ADDRESS <b>Rt. #2 Carthage, Mo</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Gangrenous Appendicitis</b>		<b>4 1/2 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Streptococic Peritonitis</b> DUE TO (c) <b>Coronary Thrombosis</b>		<b>5 days</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>4-8-51</b>	19b. MAJOR FINDINGS OF OPERATION <b>Gangrenous perforated appendix 5501</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 4-7, 1951, to 4-11, 1951, that I last saw the deceased alive on 4-11, 1951, and that death occurred at 6:59 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Clinton</i> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Carthage, Mo.</b>	23c. DATE SIGNED <b>4-12-1951</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4-13-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Fasken Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>N.E. of Carthage, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>4-12-51</b>	REGISTRAR'S SIGNATURE <i>Clinton</i> <b>139</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ulmer Funeral Home</b>	ADDRESS <b>Carthage, Mo.</b>
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RECEIVED 4-17-51  
Jasper County Health Office

County File Number 51-4-325

Date Filed 4-17-51

MAY 19 1951

MAU 8C

APR 20 1951

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.....

working under my personal supervision.

Student Embalmer No. ....  
*Gene C. Pugh*  
Gene. C. Pugh

Student .....  
Student Embalmer

Signed .....

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.