

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

40367

State File No.

FILED DEC 4 1951

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 4475 Registrar's No. 213

1. PLACE OF DEATH a. COUNTY <u>Saline</u> <u>0970</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> <u>Saline</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malta Bend, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malta Bend</u> <u>0970</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>15 West Lunbeck St.</u>		d. STREET ADDRESS (If rural, give location) <u>15 West Lunbeck</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Phillip</u> b. (Middle) <u>Lafayette</u> c. (Last) <u>Ussery</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 28-1951</u>		
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5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 16-1876</u>	9. AGE (In years of last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>12</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farming own farm</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>	11. BIRTHPLACE (State or foreign country) <u>Preston, Missouri</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Sylvester Ussery</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u> <u>###</u>	14. NAME OF HUSBAND OR WIFE <u>Pearley Knoch Ussery</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>493-12-7737</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jan. Gentry-</u> ADDRESS <u>Detroit-Michagen</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skeletal Myelitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>See above</u>
	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.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <u>260X</u> YES <input type="checkbox"/> NO <input 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) _____
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 1/15, 1947, to 11/28, 1951, that I last saw the deceased alive on 11/28, 1951, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>	23b. ADDRESS <u>[Address]</u>	23c. DATE SIGNED <u>11/30/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/30/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Waverly Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Waverly Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 30. 1951</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Marshall, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DEC 3 1951
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed DEC 3 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed *J. Leslie Surrency* _____

Licensed Embalmer No. *3235* _____

P. O. Address *Marshall, Miss.* _____

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.