V.S. No. 300
Rev. 10.48

FILED SEP 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27302

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3001 Registrar's No. 406

0124 0

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

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Poplar Bluff
c. LENGTH OF STAY (in this place) 5 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Poplar Bluff Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Carter
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Van Buren 0182
d. STREET ADDRESS (If rural, give location) Gen Delivery

3. NAME OF DECEASED (Type or Print)
a. (First) Thomas
b. (Middle) W.
c. (Last) Dusenbery

4. DATE OF DEATH (Month) Aug (Day) 23 (Year) 1952

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Jan. 2 1866
9. AGE (In years last birthday) 86 — IF UNDER 1 YEAR Months 7 Days 21 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Timber Buyer
10b. KIND OF BUSINESS OR INDUSTRY Timber
11. BIRTHPLACE (City and State or Foreign Country) Bethany, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Noah E. Dusenbery
13b. MOTHER'S MAIDEN NAME Sarah E.
14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Warren Dusenbery, ADDRESS Van Buren, Mo

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) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Heart Disease — ?
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 443X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-16, 1952, *to* 8-23, 1952, *that I last saw the deceased alive on* 8-23, 1952, *and that death occurred at* 4:55 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) A. H. Brookreson MD
23b. ADDRESS Poplar Bluff, Mo
23c. DATE SIGNED 8-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 8-23-52
24c. NAME OF CEMETERY OR CREMATORY Van Buren Cemetery
24d. LOCATION (City, town, or county) Van Buren (State) Mo

DATE REC'D BY LOCAL REG. Sept. 2 1952
REGISTRAR'S SIGNATURE Wm. H. Johnson 428
25. FUNERAL DIRECTOR'S SIGNATURE Coleman McGregor **ADDRESS** Van Buren Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
SEP 10 1952
BUTLER CO. HEALTH CENTER
FILE No. 952-451

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 Allen C McGregor

Licensed Embalmer No. 4543

P. O. Address Van Buren, 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.