

FILED NOV 12 1952

STANDARD CERTIFICATE OF DEATH

State File No. 35545

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 4267 Registrar's No. _____

1. PLACE OF DEATH

a. COUNTY *Lafayette*

b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN *Odessa*

c. LENGTH OF STAY (In this place)

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE *Missouri* b. COUNTY *Lafayette*

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN *Odessa* 0540

d. STREET ADDRESS (If rural, give location) *U*

3. NAME OF DECEASED

a. (First) *Emmett* b. (Middle) *Ray* c. (Last) *Dusenberry*

4. DATE OF DEATH (Month) (Day) (Year) *Nov 3 1952*

5. SEX *Male* 6. COLOR OR RACE *White* 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) *Widowed* 8. DATE OF BIRTH *Feb 25-1881* 9. AGE (In years last birthday) Months Days Hours Min. *71 8 8*

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Day Labor* 10b. KIND OF BUSINESS OR INDUSTRY *Laborer* 11. BIRTHPLACE (State or foreign country) *Unknown* 12. CITIZEN OF WHAT COUNTRY? *U.S.A.*

13a. FATHER'S NAME *Cal Dusenberry* 13b. MOTHER'S MAIDEN NAME *Unknown* 14. NAME OF HUSBAND OR WIFE *Clara Dusenberry*

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. *487-16-8653* 17. INFORMANT'S SIGNATURE OR NAME ADDRESS *Frank Dusenberry - 4623 Wyoming - 15 C. Mo*

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Burned to death in a grassy brush fire.*

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) *Widow influence of alcohol who kept her full*

DUE TO (c) *from riding walking into heavy weeds & shrubs which became ignited.*

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death

INTERVAL BETWEEN ONSET AND DEATH *E 9:10 16*

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION *most of body surface burned* 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) *Accident* 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) *in a backyard* 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) *Odessa Lafayette Co. Mo.*

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) *11-3-52 8 P m.* 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR *2nd & 9th degree burns - gasoline*

22. I hereby certify that I attended the deceased from *at Odessa, Mo.* to *Nov 3*, 19*52*, that I last saw the deceased alive on *Nov 3*, 19*52*, and that death occurred at *8 P m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) *Dr. W. M. ...* 23b. ADDRESS *Odessa Mo.* 23c. DATE SIGNED *11-3-52*

24a. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24b. DATE *Nov 4-1952* 24c. NAME OF CEMETERY OR CREMATORY *Odessa Cemetery* 24d. LOCATION (City, town, or county) (State) *Odessa Mo*

DATE REC'D BY LOCAL REG. *11-3-52* REGISTRAR'S SIGNATURE *Emma Davidson* 4573-2 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS *Blaine & Sons Odessa Mo.*

(Licensed Embalmers' Statement on Reverse Side)

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

1540

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.....

Signed.....
Student Embalmer

Signed.....
Clifton R. Blinn

Licensed Embalmer No. *2945*

P. O. Address *Adrian, 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.