

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24521

State File No.

FILED AUG 6 - 1956

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 4084 Registrar's No. 184

1. PLACE OF DEATH a. COUNTY <u>Madaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Skidmore</u>		c. CITY OR TOWN <u>Skidmore</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		STREET ADDRESS (If rural, give location) <u>0740</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jeanetta</u> b. (Middle) _____ c. (Last) <u>Dusart</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-28-1956</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>12-3-1870</u>		9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR: Months <u>7</u> Days <u>23</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Salem Ohio</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Elisha Andrews</u>		13b. MOTHER'S MAIDEN NAME <u>Semantha Graham</u>		14. NAME OF HUSBAND OR WIFE <u>James Dusart</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Minnaabel Dusart Skidmore mo</u> ADDRESS _____	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremic poisoning.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2-3 weeks</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Glomerulo-nephritis</u>		<u>3-4 months.</u>	
		DUE TO (c) <u>Cancer of Liver.</u>		<u>6 months.</u>	
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) <u>1561</u>	
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 June 1, 1954, to July 28, 1956, that I last saw the deceased alive on July 28, 1956, and that death occurred at 6:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. R. Titcomb</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Skidmore, Missouri</u>		23c. DATE SIGNED <u>8-1-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-30-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DUSART</u>	
24d. LOCATION (City, town, or county) (State) <u>6 mi N Bellmore mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Breit Funeral Home Savannah mo</u>		ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>8-4-56</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10.48

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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.....
Signature of Student Embalmer

Signed..... *E. C. Breit*

Licensed Embalmer No. *2650*

P. O. Address *Savannah*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.