

FILED SEP 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26277

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>58</u>		PRIMARY REG. DIST. NO. <u>4087</u>		Registrar's No. <u>34</u>	
1. PLACE OF DEATH a. COUNTY <u>CARTER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>CARTER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Van Buren</u>		c. LENGTH OF STAY (in this place) <u>40 yrs</u>		c. CITY OR TOWN <u>Van Buren</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>				e. STREET ADDRESS (If rural, give location) <u>Gen Delivery 0180</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>HENRY</u> c. (Last) <u>DUSENBERY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 5 1956</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAR 2 1864</u>	
9. AGE (In years last birthday) <u>94 6 3</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 4 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Timber work</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>LABORER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>HARRISON County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>NOAH E DUSENBERY</u>			13b. MOTHER'S MAIDEN NAME <u>SARAH E</u>		14. NAME OF HUSBAND OR WIFE <u>MAHINDA DUSENBERY</u>		
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Malinda Dusenbery Van Buren Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Senility and chronic myocarditis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs.</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)		4222	
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 <u>July 12, 1942</u> to <u>Sept 5, 1956</u> , that I last saw the deceased alive on <u>Sept 4, 1956</u> , and that death occurred at <u>12:57 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Frank J. Rucinski D.O.</u>				23b. ADDRESS <u>Van Buren Mo.</u>		23c. DATE SIGNED <u>9-6-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-7-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>VAN BUREN CARTER</u>		24d. LOCATION (City, town, or county) (State) <u>VAN BUREN MO</u>	
DATE REC'D BY LOCAL REG. <u>Sept 10-1956</u>		REGISTRAR'S SIGNATURE <u>Mrs Octa Nelson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Caliman M. Spruill Van Buren Mo</u>			

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

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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 *Allen C M Green*.....

Licensed Embalmer No. *4543*.....

P. O. Address *Van Buren*.....

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.