

Dr. Busick
21836
Do not use this space.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DEC'D JUL 20 1938

1. PLACE OF DEATH

(a) County Greene Registration District No. 316
 (b) Township _____ Primary Registration District No. 2001 Registered No. 455
 (c) City Springfield, Mo. Street No. Springfield Baptist Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 890 South Ave St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
0 0 2 0 hours

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Missouri

FATHER 13. NAME Ozell Melton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spauld, Mo.

MOTHER 15. MAIDEN NAME Mary Inman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Mo.

17. INFORMANT (ADDRESS) Ozell Melton, Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Spauld, Mo. DATE June 5, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. A. George, Springfield, Mo.

20. FILE NO. June 4, 1938 Local Registrar. _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1938

22. I HEREBY CERTIFY That I attended deceased from June 4, 1938 to June 4, 1938
 I first saw him alive on June 4, 1938 Death is said to have occurred on the date stated above, at 7:45 P.M.

The principal cause of death and related causes of importance were as follows:

Congenital Malformation of liver. Date of onset _____

Other contributory causes of importance: 161 a - Metastasis.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Burton Meyer, M. D.

(Address) Springfield, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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, above space should be left blank.