

FILED MAR 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11287

State File No. ....

108

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 51

|  |                               |  |  |
|--|-------------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Vernon</u>   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Bates</u>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Keweenaw Sup.</u>   |                               | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Keok Hill</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #30</u>  |                               | d. STREET ADDRESS (If rural, give location) <u>1</u>   |  |
| 3. NAME OF DECEASED<br>(Type or Print) <u>CORA BUSSEY</u><br>a. (First) b. (Middle) c. (Last)  |                               |  | 4. DATE OF DEATH<br><u>3-11-1949</u><br>(Month) (Day) (Year) |
| 5. SEX <u>Female</u>   | 6. COLOR OF RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>   | 8. DATE OF BIRTH<br><u>9-25-1867</u>                         |
| 9. AGE (In years last birthday) <u>81</u>  |                               | IF UNDER 1 YEAR<br>Months <u>5</u> Days <u>16</u>  | IF UNDER 24 Hrs.<br>Hours <u>16</u> Min.                     |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>None</u>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>  | 11. BIRTHPLACE (State or foreign country) <u>Mo</u>          |
| 12. CITIZEN OF WHAT COUNTRY <u>USA</u>   |                               | 13. FATHER'S NAME <u>Bethie Bussey</u>   |  |
| 14. MOTHER'S MAIDEN NAME <u>Larah Gibson</u>   |                               | 15. NAME OF HUSBAND OR WIFE <u>Single</u>  |  |
| 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>  |                               | 17. SOCIAL SECURITY NO. <u>None</u>  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                        |                               | 19. MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerotic heart disease</u><br>ANTECEDENT CAUSES <u>Senile deterioration</u><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Senile deterioration</u><br>DUE TO (c) <u>None</u><br>II. OTHER SIGNIFICANT CONDITIONS <u>None</u><br>Conditions contributing to the death but not related to the disease or condition causing death. |  |
| 19a. DATE OF OPERATION <u>None</u>   |                               | 19b. MAJOR FINDINGS OF OPERATION <u>None</u>   |  |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                               | 21. INFORMANT'S SIGNATURE OR NAME <u>Hospital records</u> ADDRESS <u>Nevada</u>  |  |
| 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) (Min.)   |  |
| 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>10-30, 1948</u> to <u>3-11, 1949</u> , that I last saw the deceased alive on <u>3-11, 1949</u> , and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above. |                               |  |  |
| 23a. SIGNATURE <u>R. G. Hall M.D.</u> (Degree or title)  |                               | 23b. ADDRESS <u>Nevada Mo</u>  |  |
| 23c. DATE SIGNED <u>3-11-49</u>  |                               | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  |
| 24b. DATE <u>3/14/49</u>   |                               | 24c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park</u>   |  |
| 24d. LOCATION (City, town, or county) (State) <u>Nevada, Mo</u>  |                               | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen V. Hays</u> ADDRESS <u>Nevada, Mo</u>  |  |
| DATE REC'D BY LOCAL REG. <u>3-14-1949</u>  |                               | REGISTRAR'S SIGNATURE <u>Kathryn H. Spencer</u> 331  |  |

RECEIVED

District Health Officer No. \_\_\_\_\_

District File Number 2-49-24

Date Filed 3-21-49

---

---

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 Bert B Bennett

Licensed Embalmer No. 4656

P. O. Address Newada 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.