

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

FILED APR 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7582**

BIRTH NO. _____ REG. DIST. NO. **31** PRIMARY REG. DIST. NO. **5107** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY Benton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Penton	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural White)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural White 0080	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 7 mi. W. of Cole Camp	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7 Miles west of Cole Camp			

3. NAME OF DECEASED (Type or Print) a. (First) Eve b. (Middle) _____ c. (Last) Busker			4. DATE OF DEATH (Month) (Day) (Year) April 4 1950		
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH June 4, 1874		9. AGE (In years last birthday) 75		IF UNDER 1 YEAR: Months 8 Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Clay County Illinois	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME James Bishop		13b. MOTHER'S MAIDEN NAME Carrie Lee		14. NAME OF HUSBAND OR WIFE Thomas Busker	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Busker, Cole Camp, Mo.	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial Failure					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Pneumonia DUE TO (c) Chronic Nephropylitis					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (Supplementary report) 10000					
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) Benton Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 **1-1-50**, 19**50**, to **4-4-50**, 19**50**, that I last saw the deceased alive on **4-1-50**, 19**50**, and that death occurred at **3 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE J. W. Moerland (Degree or title)		23b. ADDRESS Col. Camp, Mo.		23c. DATE SIGNED 4-5-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 7		24c. NAME OF CEMETERY OR CREMATORY Hens Prairie		24d. LOCATION (City, town, or county) (State) Fulton Mo.	
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DATE REC'D BY LOCAL REG. April 6, 1950		REGISTRAR'S SIGNATURE E. L. Eickhoff 394		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Harold King Cole Camp Mo.	
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RECEIVED

District Health Officer No.

District File Number 3-50-

Date Filed 4-11-5

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 _____



Licensed Embalmer No. 4097

P. O. Address Cole Camp, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.