

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Paul Busiek 19572  
State File No. \_\_\_\_\_

BIRTH NO. 1202-50 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 3000 Registrar's No. 419

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—0396

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1314 E. Sunshine</u>		d. STREET ADDRESS (If rural, give location) <u>1314 E. Sunshine</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Eunice</u>	b. (Middle) <u>Banner</u>	c. (Last) <u>Cook</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 1, 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Jan 17, 1950</u>	9. AGE (In years last birthday) <u>4</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 2 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>		11. BIRTHPLACE (State or foreign country) <u>Springfield, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Otis Cook</u>	13b. MOTHER'S MAIDEN NAME <u>Josephine Kilbarth</u>	14. NAME OF HUSBAND OR WIFE <u>XX</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Otis Cook</u>	ADDRESS <u>Springfield, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>?</u>  <u>776X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>unknown</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS 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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>suicide</u> <u>HOMICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield, Greene, Mo.</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 1-17-50, 1950, to 4-11-, 1950, that I last saw the deceased alive on 4-11-, 1950, and that death occurred at 9 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul J. Busiek M.D.</u>	23b. ADDRESS <u>1635 E. Walnut St. Springfield, Mo.</u>	23c. DATE SIGNED <u>5-4-50</u>
24a. BURIAL OR CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/3/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fair View Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Sparta, Missouri</u>

DATE REC'D BY LOCAL REG. <u>5-5-50</u>	REGISTRAR'S SIGNATURE <u>W.E. Handley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. H. Lohmeyer</u>	ADDRESS <u>Springfield, Mo.</u>
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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 .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

This body was not embalmed.

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, fact should be so stated above.