

FILED JUL 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22480

State File No.

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 3075 Registrar's No. 54

1031

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

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter</u> <u>1031</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>East Stoddard</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Issac</u> b. (Middle) <u>Oscar</u> c. (Last) <u>Busby</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 14, 1950</u>		
5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Sept. 18, 1881</u>		9. AGE (In years last birthday) <u>68</u>		10. MONTHS <u>8</u> DAYS <u>27</u> HOURS _____ MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u>			11. BIRTHPLACE (State or foreign country) <u>Bloomfield, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>E. F. Busby</u>		13b. MOTHER'S MAIDEN NAME <u>Joan Fairfield</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl Riley Busby</u>	

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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. I. O. Busby Dexter, Mo.</u>	
--	--	-------------------------------	--	---	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6-14-50</u>	
		ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) <u>Arterio-sclerosis had been</u>	
				DUE TO (c) <u>see about 3 yrs</u>	
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<u>331X</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) _____	
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 6-4-, 1950, to 6-14-, 1950, that I last saw the deceased alive on 6-4, 1950, and that death occurred at 10.00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B. S. Davis M.D.</u>		23b. ADDRESS <u>Dexter Mo.</u>		23c. DATE SIGNED <u>6-20-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-16-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dexter</u>	
24d. LOCATION (City, town, or county) (State) <u>Dexter, Missouri</u>		DATE REC'D BY LOCAL REG. <u>6-21-50</u> REGISTRAR'S SIGNATURE <u>Wm. J. Jenkins</u> 4109 FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Strickland-Rainey Dexter, Mo.</u>			

6-28-50

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.....

Joe Stueckauf
Licensed Embalmer No. 3479

P. O. Address Westville, 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.