

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Busbeck
State File No. 29996
Registrar's No. 847

FILED OCT 2 1950

BIRTH NO. 18894-50 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

396

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

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howell		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (in this place) 27 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains		1
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) LINDA b. (Middle) SUE c. (Last) HACKMAN			4. DATE OF DEATH (Month) (Day) (Year) Sept. 26, 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Aug. 29, 1950	9. AGE (In years last birthday) 27	IF UNDER 1 YEAR Months 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) West Plains, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Chester S. Hackman		13b. MOTHER'S MAIDEN NAME Ruby Thompson	14. NAME OF HUSBAND OR WIFE XX		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Chester Hackman, West Plains, Mo. ADDRESS			
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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis ANTECEDENT CAUSES DUE TO (b) Prematurity. DUE TO (c) malnutrition II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 d 27 d. 7625
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) 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 9-26, 1950 , to 9-26, 1950 , that I last saw the deceased alive on 9-26, 1950 , and that death occurred at 2 P m., from the causes and on the date stated above.					
23a. SIGNATURE Urban J. Busbeck MD (Degree or title)		23b. ADDRESS 609 Cherry Springfield Mo		23c. DATE SIGNED 9-26-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-28-50	24c. NAME OF CEMETERY OR CREMATORY Mtn. View	24d. LOCATION (City, town, or county) (State) Mtn. View, Missouri		
DATE REC'D BY LOCAL REG. 9-26-50	REGISTRAR'S SIGNATURE W E Handley MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. H. Lohmeyer, Springfield, Mo.			

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 *Lucien T. Leadley*

Licensed Embalmer No. *4815*

P. O. Address *Springfield*

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. . . .