

FILED SEP 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30209**

440
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BIRTH NO. _____ REG. DIST. NO. **139** PRIMARY REG. DIST. NO. **4225** Registrar's No. **67**

1. PLACE OF DEATH a. COUNTY HOLT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY HOLT	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OREGON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN OREGON	
c. LENGTH OF STAY (in this place) 1 YEAR		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) ALPHONE	b. (Middle) MANDERVILLE	c. (Last) BUSSEAR	4. DATE OF DEATH (Month) (Day) (Year) SEPT. 18 1950
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JULY 14, 1890	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED LABORER		10b. KIND OF BUSINESS OR INDUSTRY ST. RAILWAY		11. BIRTHPLACE (State or foreign country) INDIANA		12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME MARTIN V. BUSSEAR	13b. MOTHER'S MAIDEN NAME CATHERINE ATKINS	14. NAME OF HUSBAND OR WIFE IDA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. C. G. STINNETT OREGON, MO.

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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE		INTERVAL BETWEEN ONSET AND DEATH 2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) X DUE TO (c) X		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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) (Min.) Sept 17 1950 11:40 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

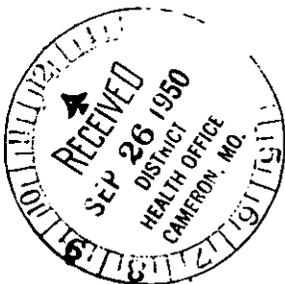
22. I hereby certify that I attended the deceased from **Sept 17, 1950**, to **Sept 18, 1950**, that I last saw the deceased alive on **Sept 17, 1950**, and that death occurred at **11:40 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE D.R. H.E. Embain	(Degree or title) A.B. Doct	23b. ADDRESS Oregon Mo.	23c. DATE SIGNED Sept 19 1950
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-20-50	24c. NAME OF CEMETERY OR CREMATORY fillmore, mo.	24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Sept 18 1950	REGISTRAR'S SIGNATURE D.G. Green	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James N. Pettigrew Oregon Mo
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(Licensed Embalmer's Signature on Reverse Side)

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



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 James H. Pittzich
Licensed Embalmer No. 3192
P. O. Address Oregon 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.

James H. Pittzich
Oregon Mo