

FILED AUG 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23861

BIRTH NO. 416375-57 REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 5843 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		c. LENGTH OF STAY (In this place) <u>0730</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi. west of Spring City</u>		e. STREET ADDRESS (If rural, give location) <u>3 mi. W. of Spring City</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Patricia</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Debusk</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 23 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never</u>	8. DATE OF BIRTH <u>July 21 1951</u>
9. AGE (In years) (Months) (Days) last birthday <u>23 45</u>		10. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
12. BIRTHPLACE (State or foreign country)		13. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>Kenneth E. Debusk</u>	13b. MOTHER'S MAIDEN NAME <u>May E. Braman</u>	14. NAME OF HUSBAND OR WIFE <u>Seneca</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>776X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Kenneth E. Debusk</u>
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.		19. ADDRESS <u>Seneca Mo</u>

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)		DUE TO (b) <u>Premature</u>		
ANTECEDENT CAUSES		DUE TO (c)		
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
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 <u>776X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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.)	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 July 21, 1951, to July 22, 1951, that I last saw the deceased alive on July 21, 1951, and that death occurred at 5:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. S. Mendenhall</u>	(Degree or title)	23b. ADDRESS <u>Seneca Mo</u>	23c. DATE SIGNED <u>7/23/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>7-23-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Home of Seneca</u>	24d. LOCATION (City, town, or county) (State) <u>Newton Co. Mo</u>
DATE REC'D BY LOCAL REG. <u>7-23-51</u>	REGISTRAR'S SIGNATURE <u>Thyllis Britton</u>	419	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. F. DeWitt</u>
		ADDRESS <u>Seneca Mo</u>	

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

930
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RECEIVED

District Health Officer ~~NEWTON~~ COUNTY HEALTH UNIT

District File Number 721-178

Date Filed 9-31-51

430/21

NEOSHO, MISSOURI

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 W. B. Biddlecome

Licensed Embalmer No. 2174

P. O. Address Seneca 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.