

FILED AUG 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26510

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5388 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY Dent 0330		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Shortbend twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Shortbend Twp 0330	
c. LENGTH OF STAY (In this place) 2 WKS		d. STREET ADDRESS (If rural, give location) --10 Miles North Salem, MO	
d. FULL NAME OF HOSPITAL OR INSTITUTION none			

3. NAME OF DECEASED (Type or Print) a. (First) Lue b. (Middle) Jane c. (Last) Busbey			4. DATE OF DEATH (Month) (Day) (Year) 8/13/51			
5. SEX F /	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH 2/27/1880	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Noah Harper		13b. MOTHER'S MAIDEN NAME Palmer		14. NAME OF HUSBAND OR WIFE John Busbey	
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 Alpha Givens, Salem, Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 3 months	
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the pancreas</p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 157X				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) 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 Oct 29, 1946 to 8-12-1951, that I last saw the deceased alive on 8-12-1951, and that death occurred at 9:50p m., from the causes and on the date stated above.

23a. SIGNATURE M. Hart M.D. (Degree or title)		23b. ADDRESS Salem, Mo		23c. DATE SIGNED 8-13-51	
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/15/51		24c. NAME OF CEMETERY OR CREMATORY Oakside Cemetery		24d. LOCATION (City, town, or county) (State) Summerville, Missouri	
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DATE REC'D BY LOCAL REG. 8-14-51		REGISTRAR'S SIGNATURE M.M. Hart, M.D. by J.H.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Carl K. Spencer, Salem, Missouri	
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(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

AUG 21 1951

RECEIVED

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Wm. W. McDaniel*

Licensed Embalmer No.

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.