No. 300
10.48

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

FILED SEP 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26827

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3517

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 11 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address of location): ST. MARY'S HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY, MO.
d. STREET ADDRESS (If rural, give location): 6153 HOLMES 280

3. NAME OF DECEASED (Type or Print)
a. (First): DELBERT
b. (Middle): BELFORD
c. (Last): BUSANG

4. DATE OF DEATH (Month) 8 (Day) 15 (Year) 51

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 7-7-96
9. AGE (In years last birthday): 55 — 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): INSPECTOR
10b. KIND OF BUSINESS OR INDUSTRY: K.C. WATER DEPT.
11. BIRTHPLACE (State or foreign country): HUNTERTOWN, IND.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: GEORGE BUSANG
13b. MOTHER'S MAIDEN NAME: MOLLIE SMITH
14. NAME OF HUSBAND OR WIFE: ANNE BUSANG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 315-12-9009
17. INFORMANT'S SIGNATURE OR NAME: ANNE BUSANG — ADDRESS: 6153 HOLMES K.C. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PERFORATION ABDOMINAL AORTA — INTERVAL BETWEEN ONSET AND DEATH: 20-30 MIN

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) DISSECTING ANEURYSM — 1 YEAR
DUE TO (c) ADVANCED ATHEROSCLEROSIS ABDOMINAL AORTA — SEVERAL YEARS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. LEFT HYDRONEPHROSIS II, HERNIA

19a. DATE OF OPERATION: 8/10/51
19b. MAJOR FINDINGS OF OPERATION: LEFT INDIRECT INGUINAL HERNIA
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* SEPT., 1950, *to* AUG. 15, 1951, *that I last saw the deceased alive on* AUG. 15, 1951, *and that death occurred at* 10:20 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. R. McPhee (Degree or title): M.D.
23b. ADDRESS: St. Mary's Hosp. K.C. Mo.
23c. DATE SIGNED: 8/15/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-18-51
24c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet
24d. LOCATION (City, town, or county) (State): KANSAS CITY MO

DATE REC'D BY LOCAL REG.: 8-17-51
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: Melloy-McGilley-Eylar — ADDRESS: K.C. MO

(Licensed Embalmer's Statement on Reverse Side)

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 J. H. Pryor

Licensed Embalmer No. 5114

P. O. Address NC

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.