

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41064

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 76 PRIMARY REG. DIST. NO. 4140 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Eugene, Cole Co. Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eugene, Mo. Clark</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eugene, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>46 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Louisiana</u> b. (Middle) <u>Adeline</u> c. (Last) <u>Buster</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12/13/51</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Oct. 7th, 1856</u>	9. AGE (In years last birthday) <u>95</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Moniteau Co, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>James Blackburn</u>	13b. MOTHER'S MAIDEN NAME <u>Angeline Sellers</u>	14. NAME OF HUSBAND OR WIFE <u>James Buster</u>
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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>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Paul Thompson</u>	ADDRESS <u>Eugene, Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
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 type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June, 1950 to 12-13, 1951, that I last saw the deceased alive on 12-13, 1951, and that death occurred at 2 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. E. Humphreys</u>	(Degree or title)	23b. ADDRESS <u>Juscumbia, Mo.</u>	23c. DATE SIGNED <u>12-13-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/15/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Eugene Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Eugene, Mo.</u>
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DATE REC'D BY LOCAL REG <u>Dec 14-1951</u>	REGISTRAR'S SIGNATURE <u>Mr. T. L. Brown</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugh H. Schubert</u>	ADDRESS <u>Brunswick, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

260  
1

FILED DEC 19 1951

**RECEIVED**

DEC 18 1951

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed DEC 18 1951

**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 Hugo H. Schubert

Licensed Embalmer No. 2820

P. O. Address Russellville, 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.