

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 25382

DECEASED JUL 29 1952

BIRTH MO. REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5993 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY Putnam 0860		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Putnam 0860	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Medicine Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Medicine Twp.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Ora b. (Middle) W. c. (Last) Busby			4. DATE OF DEATH (Month) (Day) (Year) June 28-52				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 31, 1880	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Days 4	IF UNDER 24 HRS. Hours 29	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Putnam Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Henry Busby	13b. MOTHER'S MAIDEN NAME Louisa Fields	14. NAME OF HUSBAND OR WIFE Ivy Busby
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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) X	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ivy Busby Lucerne, Mo.	ADDRESS
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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, 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) <i>Coronary thrombosis</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertension</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Chronic myocarditis</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 8-13 1952 to 6-28 1952, that I last saw the deceased alive on 6-27 1952, and that death occurred at 6:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>L. W. McDonald</i>	(Degree or title) D.O.	23b. ADDRESS <i>Princeton, Mo.</i>	23c. DATE SIGNED 7-5-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-30-52	24c. NAME OF CEMETERY OR CREMATORY Lucerne Ceme.	24d. LOCATION (City, town, or county) (State) Putnam Co., Mo.
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DATE REC'D BY LOCAL REG. 7-26-52	REGISTRAR'S SIGNATURE <i>Marvell Durbin</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Martin</i>	ADDRESS Funeral Home Princeton, Mo.
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(Licensed Embalmer's Statement 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 *Joan Martin*

Licensed Embalmer No. 3760

P. O. Address Puncheon, Md.

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.