

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32299

State File No.

FILED SEP 30 1952

BIRTH NO. 62168 REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4322 Registrar's No. 50

3650
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Merion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Newton</u>		c. LENGTH OF STAY (in this place) <u>2 da.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Newton Mo. 1950</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Aptel Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>PAUL</u> b. (Middle) <u>TAYLOR</u> c. (Last) <u>BUSICK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 23 1952</u>	
5. SEX <u>m</u>	6. COLOR OR RACE <u>w</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Sept 20 1952</u>
9. AGE (In years last birthday)	10. UNDER 1 YEAR Months <u>3</u> Days <u>3</u>	11. BIRTHPLACE (State or foreign country) <u>Newton, Merion Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME <u>James M Busick</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotte Purdy</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>James M Busick</u> ADDRESS <u>Newton 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, asthenia, etc. It means the disease, injury; or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Status Lymphaticum</u> ANTECEDENT CAUSES MORIBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>congenital debility</u> 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 checked="" 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) <u>273 X</u>
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 <u>9/20, 1952</u> to <u>9/23, 1952</u> , that I last saw the deceased alive on <u>9/23, 1952</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W. W. Wise</u> (Degree or title) <u>2</u>		23b. ADDRESS <u>Harris Mo</u>	23c. DATE SIGNED <u>9/24/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Sept 24 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Newton Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Newton Mo.</u>
DATE REC'D BY LOCAL REG. <u>9-26-52</u>		REGISTRAR'S SIGNATURE <u>Joel M. ...</u> <u>393-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Judd & Payne</u> ADDRESS <u>Newton Mo.</u>

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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed *PK Payne Jr*

Licensed Embalmer No. *3400*

P. O. Address *Galt.*

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.