

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37656**  
Registrar's No. **360**

**FILED** NOV 17 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006**

1105  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>BOONE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>DALLAS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>COLUMBIA</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LOUISBURG</b>	
c. LENGTH OF STAY (In this place) <b>48 DAYS</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>ELLIS FISCHER STATE CANCER HOSP.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>MURLE</b> b. (Middle) <b>VAN BUSKIRK</b> c. (Last) <b>VAN BUSKIRK</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 11 52</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <b>1</b>	8. DATE OF BIRTH <b>10-11-04</b>	9. AGE (In years last birthday) <b>48</b>	10. UNDER 1 YEAR Days <b>1</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>DALLAS COUNTY, MISSOURI</b>	
13a. FATHER'S NAME <b>F. S. SCRIVENER</b>		13b. MOTHER'S MAIDEN NAME <b>R. SMITH</b>		14. NAME OF HUSBAND OR WIFE <b>C. J. VAN BUSKIRK</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>LORENE WIENBERG, COLUMBIA, MO.</b>			
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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 <b>8 YRS.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>HODGKIN'S DISEASE</b>		
	ANTECEDENT CAUSES Morbid 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. <b>NONE</b>			

19a. DATE OF OPERATION <b>NONE</b>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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) <b>201X</b>
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 **9/24 1952** to **11/11 1952**, that I last saw the deceased alive on **11/11/52, 1952**, and that death occurred at **4:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <b>Victor B. Kieffer M.D. State Cancer Hosp., Columbia, Mo.</b>	23b. ADDRESS	23c. DATE SIGNED <b>11/11/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Nov-11-1952</b>	24c. NAME OF CEMETERY OR CREMATORY
DATE REC'D BY LOCAL REG. <b>Nov. 11 1952</b>	REGISTRAR'S SIGNATURE <b>Mrs. R.E. Palmer</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Parker Funeral Service Columbia Mo.</b>

**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

*W. S. Philbrick*

Licensed Embalmer No. 3893

P. O. Address Calumet, Mich

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.