

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **43112**

150 JAN 7 - 1953

BIRTH NO. _____ REG. DIST. NO. **2290** PRIMARY REG. DIST. NO. **5983** Registrar's No. **162**

1. PLACE OF DEATH a. COUNTY Pulaski b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Devils Elbow, Missouri c. LENGTH OF STAY (In this place) -- d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION --		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mississippi b. COUNTY -- c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Laurel 8230 d. STREET ADDRESS (If rural, give location) General Delivery 8	
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3. NAME OF DECEASED a. (First) ARTHUR b. (Middle) P. c. (Last) BUSTIN (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) Dec 25 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 28 March 1927	9. AGE (In years last birthday) 25 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 MRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier		10b. KIND OF BUSINESS OR INDUSTRY US Army		11. BIRTHPLACE (City and State or Foreign Country) Hillsboro, Mississippi	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Oscar P. Bustin		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Eileen M. Bustin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 23 Feb 1949		16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME ADDRESS _____	

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, asthma, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH Less than 15 min	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary hemorrhage, massive ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gunshot wound of chest DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gunshot wound of thigh			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION E981X		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Roadhouse		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Devils Elbow Pulaski Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 25 1952 3:30AM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from Dead on Arrival, 19____, **that I last saw the deceased alive on** _____, 19____, **and that death occurred at** 3:30AM, **from the causes and on the date stated above.**

23a. SIGNATURE Billy Jr Hedge (Degree or title) Coroner		23b. ADDRESS Cracker, Missouri	
23c. DATE SIGNED Dec 29-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec 29-1952	
24c. NAME OF CEMETERY OR CREMATORY Arlington National Cemetery Ft Myer		24d. LOCATION (City, town, or county) (State) Virginia	
DATE REC'D BY LOCAL REG. 12-29-52		REGISTRAR'S SIGNATURE Paula L. ...	
25. FUNERAL DIRECTOR'S SIGNATURE Hedges Funeral Home Cracker, Mo		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

850
3

RECEIVED 7-29-53
Pulaski County Health Officer
File Number 1-3-53
Date Filed 1-3-53

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

Clarence Shoss

Licensed Embalmer No. 4896

P. O. Address *Waynesville, Ind*

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.