

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10626

State File No. _____

FILED APR 15 1953

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4322 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Mercer				2. USUAL RESIDENCE (Where deceased lived in institution, residence before institution) a. STATE Missouri b. COUNTY Putman				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Princeton		c. LENGTH OF STAY (If in hospital or institution, give street address or location) 2 1/2 months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Luceoney, Mo.		d. STREET ADDRESS (If rural, give location) 0860		
3. NAME OF DECEASED (Type or Print) a. (First) Willard b. (Middle) F. c. (Last) Busby				4. DATE OF DEATH (Month) (Day) (Year) 4-4-53				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 7-13-1885		9. AGE (In years last birthday) Months Days 68 8 21		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Putman Co., Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Grant Busby			13b. MOTHER'S MAIDEN NAME Mary Ann Harris		14. NAME OF HUSBAND OR WIFE Clara Busby			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Clara Busby Princeton, Mo.				
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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary embolism				DUE TO (b) Coronary Heart Disease				2 years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) Coronary Thrombosis				6 mos.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Adams Stokes Syndrome				2 mos.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4/20/				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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>June</u> , 195 <u>0</u> , to <u>April 4</u> , 195 <u>3</u> , that I last saw the deceased alive on <u>April 4</u> , 195 <u>3</u> , and that death occurred at <u>10 P.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Marian Lambert MD				23b. ADDRESS Princeton, Mo		23c. DATE SIGNED 4/5/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-7-53		24c. NAME OF CEMETERY OR CREMATORY Luceoney Cemetery		24d. LOCATION (City, town, or county) (State) Putman Co., Mo		
DATE REC'D BY LOCAL REG. 4-7-53		REGISTRAR'S SIGNATURE Noel Moss		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Noel Moss Princeton, Mo				

(Licensed Embalmer's Statement on Reverse Side)

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

650
0

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Paul West

Licensed Embalmer No. 2634

P. O. Address Camden, 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.