

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

Dr. Busick  
 State File No. 17704

35558

FILED JUN 15 1953

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 551

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

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SPRINGFIELD</b>	
c. LENGTH OF STAY (in this place) <b>3 days</b>		d. STREET ADDRESS (If rural, give location) <b>1239 CLIFTON</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BURGE HOSPITAL</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>SUSAN</b>		b. (Middle) <b>JEAN</b>	
		c. (Last) <b>MOKRIAKOW</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 9, 1953</b>			
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>JUNE 6, 1953</b>
9. AGE (In years last birthday) <b>3</b>		IF UNDER 1 YEAR Days <b>3</b>	
IF UNDER 1 HOUR Hours <b>0</b>		IF UNDER 15 MIN. Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>SPRINGFIELD, MO.</b>
			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>HAWIAYLO MOKRIAKOW</b>		13b. MOTHER'S MAIDEN NAME <b>HOLINI MOEWSKI</b>	
14. NAME OF HUSBAND OR WIFE <b>*****</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 <b>HAWIAYLO MOKRIAKOW</b>		ADDRESS <b>1239 CLIFTON</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congenital Atelectasis</b>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) <b>Prematurity</b>			
DUE TO (c) <b>Hemorrhagic tendency</b>			
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 <b>7625</b>	
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) (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 <b>6-8-1953</b> to <b>6-9-1953</b> , that I last saw the deceased alive on <b>6-8-1953</b> , and that death occurred at <b>10:10a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Paul Busick M.D.</b>		23b. ADDRESS <b>Springfield, Mo.</b>	
23c. DATE SIGNED <b>6/10/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6/9/53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn</b>		24d. LOCATION (City, town, or county) (State) <b>Springfield, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>6-11-53</b>		REGISTRAR'S SIGNATURE <b>Edith Williamson</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>H. H. Lohmeyer</b>		ADDRESS <b>Springfield, 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 William T. Swadley

Licensed Embalmer No. 4875

P. O. Address Springfield

**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.