

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH.**

State File No. **39575**

79651

FILED DEC 4-1953

BIRTH MO. \_\_\_\_\_ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 8035 Registrar's No. 114

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Lafayette</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u> c. LENGTH OF STAY (in this place) <u>9hr-20min</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lexington Memorial Hosp.</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mayview, Mo. Rural-Washington</u> d. STREET ADDRESS (If rural, give location) <u>4 miles West of Mayview, Mo.</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Donald</u> b. (Middle) <u>Dean</u> c. (Last) <u>Busch</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Nov 23 1953</u>	
<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Never married</u>	<b>8. DATE OF BIRTH</b> <u>Nov. 23rd, 1953</u>
<b>9. AGE</b> (In years last birthday) <u>0</u>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>none</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Missouri</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>none</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>none</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A</u>
<b>13a. FATHER'S NAME</b> <u>Lawrence Busch</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Anna Lee Osborne</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>none</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u>	
<b>16. SOCIAL SECURITY NO.</b> <u>none</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Lawrence Busch - Mayview, Mo.</u>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>In operation - cerebral</u> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Admitted to placenta</u> <u>mother lost much blood</u> DUE TO (c) <u>placental circulation</u> <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>was unpaired</u>	
<b>19a. DATE OF OPERATION</b> <u>no surgery</u>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>no surgery</u>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>m</u>	
<b>21a. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>no injury</u>		<b>21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>7950</u>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m. <u>no injury</u>		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b> <u>no injury</u>		<b>22. I hereby certify that I attended the deceased from</b> <u>Nov 23, 1953</u> , to <u>Nov 23, 1953</u> , that I last saw the deceased alive on <u>Nov 23, 1953</u> , and that death occurred at <u>6 P. m.</u> , from the causes and on the date stated above.	
<b>23a. SIGNATURE</b> (Degree or title) <u>W. W. [Signature]</u>		<b>23b. ADDRESS</b> <u>Osborne [Signature]</u>	
<b>23c. DATE SIGNED</b> <u>11-26-53</u>		<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>burial</u>	
<b>24b. DATE</b> <u>11/24/53</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>City Cemetery</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Higginsville Mo.</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>A. H. [Signature] Higginsville, Mo.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>11-30-53</u>		<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>	

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed~~ <sup>Prepared for Burial</sup> by me, or by

Student Embalmer No. ....

working under my personal supervision.

Signed

*Forest Rickhof*

Signed.....

Student Embalmer

Licensed Embalmer No.

*41284*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.