

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr. Rickettson, 2220  
State File No. \_\_\_\_\_

No. 300  
10.48

074/0

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

BIRTH NO. FILED FEB 8 1954 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>PEMISCOT</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PEMISCOT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HAYTI</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CARUTHERSVILLE, MO</u>	
c. LENGTH OF STAY (In this place) <u>10 Days</u>		d. STREET ADDRESS (If rural, give location) <u>WALKER AVE.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MEMORIAL HOSPITAL</u>			

3. NAME OF DECEASED a. (First) <u>NANNIE</u> b. (Middle) <u>STELLA</u> c. (Last) <u>BUSCH</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 23 1954</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAR. 2, 1891</u>	9. AGE (In years last birthday) <u>62</u>	10. UNDER 1 YEAR Months <u>10</u> Days <u>21</u>	11. UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (City and State or Foreign Country) <u>HORNBECK TENNESSEE</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>DAVE HAMILTON</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>THOMAS BUSCH</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Thomas Busch</u> ADDRESS <u>CARUTHERSVILLE MO</u>	
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Obstruction</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>Carcinoma of Head of Pancreas</u>		
	DUE TO (c) <u>Complete Biliary Obstruction</u>		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>157X</u>		

19a. DATE OF OPERATION <u>1-11-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma &amp; Biliary stasis Complete</u>		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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1-8, 1954, to 1-23, 1954, that I last saw the deceased alive on 1-23, 1954, and that death occurred at 6:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title) <u>Dr. Rickettson, M.D.</u>	23b. ADDRESS <u>Hayti, Mo</u>	23c. DATE SIGNED <u>1-31-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1/26/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LITTLE PRAIRIE</u>	24d. LOCATION (City, town, or county) (State) <u>CARUTHERSVILLE MO</u>
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DATE REC'D BY LOCAL REG. <u>2-2-54</u>	REGISTRAR'S SIGNATURE <u>John Gorman</u> 406-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>La Forge &amp; Co. Caruthersville, Mo</u> ADDRESS <u></u>
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2-25-54

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

FEB 5 1954

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 Charles E. Mungler

Licensed Embalmer No. 4877

P. O. Address Caruthersville, 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.