

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

DR. P. BUSICK
State File No. **30283**

No. 300
10.48

FILED SEP 27 1954

BIRTH NO. 60171-54 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 893

1. PLACE OF DEATH a. COUNTY <u>GREENE</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u> c. LENGTH OF STAY (in this place) <u>2 HRS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BURGE HOSP.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LACLEDE</u> c. CITY OR TOWN <u>LEBANON</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>SPILLER ST.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROY</u> b. (Middle) <u>JACOBS</u> c. (Last) <u>DEAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 23 1954</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>SEPT. 2 1954</u>
9. AGE (In years) (Months) (Days) (Hours) (Min.) If UNDER 1 YEAR: <u>21</u> Days If UNDER 24 HRS.: _____ Hours _____ Min.		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Or kind of work done during most of working life, even if retired) <u>INFANT</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>SPRINGFIELD, MISSOURI</u>	
13a. FATHER'S NAME <u>W.E. DEAN</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS. W.E. DEAN</u>		ADDRESS <u>LEBANON, MO.</u>	
MEDICAL CERTIFICATION			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Polio myelitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>1 Day</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>0803</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>9/22/1954</u>, to <u>9/23/1954</u>, that I last saw the deceased alive on <u>9/23/1954</u>, and that death occurred at <u>2:55 P.m.</u>, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paul Busick M.D.</u>		23b. ADDRESS <u>Springfield Mo.</u>	
23c. DATE SIGNED <u>9/25/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9/23/54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>LEBANON CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>LEBANON, MO.</u>	
DATE REC'D BY LOCAL REG. <u>9-25-54</u>		REGISTRAR'S SIGNATURE <u>Frank Williamson</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Bill Lowmyer</u>		ADDRESS <u>SPRINGFIELD, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *W. Mc Cormac*

Licensed Embalmer No. *272*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.