

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40436**
Registrar's No. **341**

FILED DEC 22 1954

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016**

WRITE PLAINLY—USING INK—NEADING BLACK INK—MAKE A PERMANENT RECORD
Investigation By Civil City - under way

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY OSAGE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY		c. LENGTH OF STAY (in this place) 12 hrs	c. CITY OR TOWN LINN
d. FULL NAME OF HOSPITAL OR INSTITUTION: St Marv's Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) _____ c. (Last) Busen		4. DATE OF DEATH Dec. 17-1954	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Oct 30, 1885
9. AGE (In years last birthday) 69		10. MONTHS 1	11. DAYS 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Cady Creek Mo
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henry Busen	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Divorced	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Hugo Busen		ADDRESS Chicago, Ill.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Infarct ANTECEDENT CAUSES Cerebral Thrombosis DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS 3 fractured Ribs Right Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) ?	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21b. CITY TOWN, OR TOWNSHIP (COUNTY) (STATE) Osage (Missouri)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) unknown		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
22. I hereby certify that I attended the deceased from Dec 18, 1954 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:30 Am. , from the causes and on the date stated above.		23a. SIGNATURE J. G. Bruce MD (Degree or title) Jefferson City, Mo	
23b. ADDRESS _____		23c. DATE SIGNED 12-20-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 12/20/54	
24c. NAME OF CEMETERY OR CREMATORIA Linn Public		24d. LOCATION (City, town, or county) (State) Linn Mo	
DATE REC'D BY LOCAL REG. Dec 20-54		REGISTRAR'S SIGNATURE R.P. Davis MD-DR	
25. RURAL HEALTH DIRECTOR'S SIGNATURE _____		ADDRESS Linn Mo	

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 *Vernon M. Weston*

Licensed Embalmer No... 412

P. O. Address *Lincoln*

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.