

FILED DEC 23 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42012

State File No. ....

BIRTH NO.		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>273</u>		
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution.) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. LENGTH OF STAY (in this place) <u>8 years</u>		c. CITY OR TOWN <u>Moberly</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>422 Franklin Ave</u>				STREET ADDRESS (If rural, give location) <u>422 Franklin Ave</u>				
3. NAME OF DECEASED (Type or Print) <u>EDWIN - BUSTER</u>			a. (First)			b. (Middle)		
c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec-12-1954</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>July-7-1891</u>		
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Construction &amp; Farming</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Callao Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>Luther Tolman Buster</u>		13b. MOTHER'S MAIDEN NAME <u>Hara Belle Shoemaker</u>		
14. NAME OF HUSBAND OR WIFE				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>None</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Sylvia Johnson</u>				ADDRESS <u>Moberly Mo.</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronal decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</u>						
ANTECEDENT CAUSES		DUE TO (b) <u>Hypertension Cordis vasculum</u>				Unknown		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>disturb</u>						
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Explosive Arteriosclerosis</u>				10 mo.		
Cause unknown								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443 X</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) (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 <u>July 10, 1954</u> , to <u>Dec 11, 1954</u> , that I last saw the deceased alive on <u>Dec 11, 1954</u> , and that death occurred at <u>6:25 A.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Clarence Clifton Mpe</u>				(Degree or title)		23b. ADDRESS <u>Moberly Mo</u>		
23c. DATE SIGNED <u>Dec 12 54</u>				24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Dec-14-1954</u>		
24c. NAME OF CEMETERY OR CREMATORY <u>Dakland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly Mo.</u>		DATE REC'D BY LOCAL REG. <u>12/14/54</u>		REGISTRAR'S SIGNATURE <u>Leah Williams</u>		
25. FUNERAL DIRECTOR'S SIGNATURE <u>R. M. Carter</u>				ADDRESS <u>Moberly Mo.</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 by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*R. M. Carter*

Licensed Embalmer No. *4117*

P. O. Address *Moherly*

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.