

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6091 State File No. 43079

FILED DEC 20 1954

BIRTH NO. _____		REG. DIST. NO. <u>323</u>		PRIMARY REG. DIST. NO. <u>4474</u> Registrar's No. <u>28</u>	
1. PLACE OF DEATH a. COUNTY <u>SALINE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>SALINE</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EMMA</u>		c. LENGTH OF STAY (in this place) <u>26 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EMMA</u>		0970
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No STREET ADDRESS</u>			d. STREET ADDRESS (If rural, give location) <u>No STREET ADDRESS</u>		
3. NAME OF DECEASED (Type or Print) <u>CHRISTAN</u>		a. (First)	b. (Middle)	c. (Last) <u>BUESING</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 11 1954</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>OCT 11, 1882</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months
IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. FARMING</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>LAFAYETTE County, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>LOUIS BUESING</u>	
13b. MOTHER'S MAIDEN NAME <u>MINNIE FLETCHER</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>490-16-8404</u>		17. INFORMANT'S SIGNATURE OR NAME <u>GUSTAV BUESING</u>		ADDRESS <u>EMMA, 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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION.		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Myocardial infarction</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary arteriosclerosis</u>			DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		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>Oct 8, 1948</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>9:40 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>H. W. [Signature]</u>			23b. ADDRESS <u>Concordia, MO</u>		23c. DATE SIGNED <u>12/13/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>DEC 14, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOHN'S CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>EMMA, MO</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. S. JAMES</u>	
DATE REC'D BY LOCAL REG. <u>December 13, 1954</u>		REGISTRAR'S SIGNATURE <u>Mary [Signature]</u>		ADDRESS <u>CONCORDIA, 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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed E. S. James

Licensed Embalmer No. 205-8

P. O. Address Concordia, 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.