

FILED MAY 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14897

BIRTH NO. _____ REG. DIST. NO. 56 PRIMARY REG. DIST. NO. 5193 Registrar's No. 6

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| 1. PLACE OF DEATH a. COUNTY Carroll. | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Carroll. | |
| b. CITY (If outside corporate limits, write RURAL and give township) Rural-Egypt Twp. | | c. CITY (If outside corporate limits, write RURAL and give township) Rural-Egypt Twp. | |
| c. LENGTH OF STAY (In this place) 2. Years | | d. STREET ADDRESS (If rural, give location) R. R. #1, Norborne, Mo. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Norborne. Mo. RR. I. | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Matilda. b. (Middle) Buss. c. (Last) Buss. | | | 4. DATE OF DEATH (Month) (Day) (Year) May. 20. 1955 | | |
| 5. SEX Female. | | 6. COLOR OR RACE White. | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed. | |
| 8. DATE OF BIRTH April/4/1874. | | 9. AGE (In years last birthday) 81. | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work. | | 10b. KIND OF BUSINESS OR INDUSTRY At Home. | | 11. BIRTHPLACE (State or foreign country) Walla Siewska, Poland. | |
| 12. CITIZEN OF WHAT COUNTRY? Poland | | | | | |

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| 13a. FATHER'S NAME William Hensher. | | 13b. MOTHER'S MAIDEN NAME Susan Montik. | | 14. NAME OF HUSBAND OR WIFE Gollfried Buss Deceased | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. No | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Johanna Stach, Norborne, Mo. | |
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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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocardial Degeneration | | DUPLICATE | | | | 2+ years | |
| ANTECEDENT CAUSES | | DUPLICATE | | | | | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) Hypertension, essential | | | | 2+ years | |
| | | DUE TO (c) Arteriosclerosis, diffuse | | | | 2+ years | |
| II. OTHER SIGNIFICANT CONDITIONS | | Conditions contributing to the death but not related to the disease or condition causing death. H43X | | | | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 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) | |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 **11-17-**, 19**53**, to **5-20-**, 19**55**, that I last saw the deceased alive on **5-20-**, 19**55**, and that death occurred at **12:40 p.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Joseph S. Hasell M.D. | | 23b. ADDRESS 212 South Pine St. Norborne, Mo. | | 23c. DATE SIGNED 5-23-55 | |
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| 24a. BURIAL CREMATION, REMOVAL (Specify) Burial | | 24b. DATE May. 24, 1955 | | 24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery. | | 24d. LOCATION (City, town, or county) (State) Norborne, Missouri. | |
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| DATE REC'D BY LOCAL REG. MAY 23-1955 | | REGISTRAR'S SIGNATURE Eileen Pennington | | 46 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John S. Deitch Norborne mo | |
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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 John S. Deitch

Licensed Embalmer No. 3654

P. O. Address Noelbone 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.