

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

State File No. **21492**

No. 300
10.48
220
3

FILED JUL 20 1955
BIRTH NO. **124** REG. DIST. NO. **68** PRIMARY REG. DIST. NO. **5267** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Taney	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" No. Galloway		c. CITY OR TOWN Branson	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 Hrs.		e. STREET ADDRESS (If rural, give location) Rural	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Hi. #160, 7.1 Miles S. Nixa			

3. NAME OF DECEASED (Type or Print) a. (First) LEO b. (Middle) JOHN c. (Last) BUSCH			4. DATE OF DEATH (Month) (Day) (Year) 7 4 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 24, 1934	9. AGE (In years last birthday) 20	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City, and State or Foreign Country) LaCross, Kansas		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Leo A. Busch	13b. MOTHER'S MAIDEN NAME Anna M. Busch	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Leo A. Busch, Branson, Missouri

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Few seconds
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burned to Death (Charred)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Automobile Accident DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E8164 26			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway #160	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) No. Galloway Twsp. Christian, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 4, '55 830^p	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Headon Collision of Two Cars

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:30pm., from the causes and on the date stated above.**

23a. SIGNATURE <i>Alan Harris</i>	(Degree or title) Coroner	23b. ADDRESS Clever, Mo.	23c. DATE SIGNED 7/5/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-8-1955	24c. NAME OF CEMETERY OR CREMATORY Ozark Mem. Park Cem.	24d. LOCATION (City, town, or county) (State) Branson, Missouri
DATE REC'D BY LOCAL REG. 7-16-55	REGISTRAR'S SIGNATURE <i>Corvette Leonard</i>	25. FUNERAL DIRECTOR'S SIGNATURE John Alan Harris, Clever, Mo.	

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

Blair Beckwith
Signed

John Dean Harris

Licensed Embalmer No. *439*

P. O. Address *Cleveland, G.*

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.