

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7300

FILED FEB 19 1957

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 28

| | | | | | | | | | |
|--|---------------------------|---|--|--|--|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY VERNON | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Laclede Mo. b. COUNTY | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Washington | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN Lebanon ⁰⁵³² | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION State Hosp # 3 | | | Length of stay in lb 26 yrs | | d. (If outside, give location) NONE GIVEN | | Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First MAE Middle - Last DAVIS | | | | 4. DATE OF DEATH Month Feb Day 9 Year 1957 | | | | | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH MAY 21 1886 | | 9. AGE (In years last birthday) 70 | | IF UNDER 1 YEAR Months 8 Days 19 Hours 10 Min. - | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | | 10b. KIND OF BUSINESS OR INDUSTRY Home | | 11. BIRTHPLACE (City and state or country) MISSOURI | | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13. FATHER'S NAME Charles Henry Busby | | | | 14. MOTHER'S MAIDEN NAME Louise Pickett | | | | | |
| 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 Hosp Records Address | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4200 | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 days 10 yrs | |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month _____ Day _____ Year _____ | | | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | | STATE | |
| 21. I attended the deceased from March 21 1955 , to Feb 9 1957 and last saw her him alive on Feb 9 1957 . Death occurred at 11:20 A.M. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | | |
| 22a. SIGNATURE Frank S. Cleveland MD (Degree or title) | | | | 22b. ADDRESS State Hosp # 3 | | 22c. DATE SIGNED Feb 9 1957 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 2-9-57 | 23c. NAME OF CEMETERY OR CREMATORY Lebanon Cemetery | | | 23d. LOCATION (City, town, or county) (State) Lebanon, Missouri | | | |
| 24. FUNERAL DIRECTOR Palmer Funeral Home-Lebanon, Mo. ADDRESS | | | | 25. DATE RECD. BY LOCAL REG. 2-12-1957 | | 26. REGISTRAR'S SIGNATURE Anna J. Ferry | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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 _____

Licensed Embalmer No. 48

P. O. Address Nevada, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.