

Health, Welfare  
Public  
Service

Paul Busiet

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20744  
STATE FILE NUMBER

FILED JUL 15 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 607

300  
-57  
0

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|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Greene</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>TOWN <b>Springfield</b>                 |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Joplin</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Burge Hospital</b> |  | Length of stay in lb<br><b>1 Day</b>  | d. STREET ADDRESS (If outside, give location)<br><b>412 W. 14th St.</b><br>Reside on Form<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <b>MICHAEL</b> Middle <b>JEROME</b> Last <b>LUDDEN</b> |  |  | 4. DATE OF DEATH<br>Month <b>July</b> Day <b>7</b> Year <b>1957</b> |  |
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|--------------------|-------------------------------|---|--|---|--|--|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>6 July 1957</b> | 9. AGE (In years last birthday)<br><b>0</b> | IF UNDER 1 YEAR<br>Months <b>0</b> Days <b>1</b> | IF UNDER 24 HRS.<br>Hours <b></b> Min. <b></b> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Infant</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Infant</b> | 11. BIRTHPLACE (City and state or country)<br><b>Fort Crowder, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b> |
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| 13a. FATHER'S NAME<br><b>Chesley Ludden</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Stella Cortes</b> | 14. NAME OF HUSBAND OR WIFE<br><b>None</b> |
|---|---|--|

|  |                                      |  |                               |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>No</b> | 17. INFORMANT<br><b>Chesley Ludden</b> | Address<br><b>Joplin, Mo.</b> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>PREMATURITY</b>                |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 day</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____                                 |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Congenital Atelectasis</b> |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

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| 20a. ACCIDENT <input 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.)<br><b>7625</b> |
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|---|---|---|--|-------------------------|--------------------------|
| 20c. TIME OF INJURY<br>Hour _____<br>a.m. _____<br>p.m. _____ | 20d. INJURY OCCURRED WHILE AT <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.)<br><b>7625</b> | 20f. CITY, TOWN, OR LOCATION<br><b>Springfield</b> | COUNTY<br><b>Greene</b> | STATE<br><b>Missouri</b> |
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| 21. I attended the deceased from <b>July 6</b> to <b>July 7</b> and last saw him alive on <b>July 7</b><br>Death occurred at <b>2:10 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |  |
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| 22a. SIGNATURE<br><b>Paul Busiet M.D.</b> (Degree or title) | 22b. ADDRESS<br><b>609 Cherry Springfield, Missouri</b> | 22c. DATE SIGNED<br><b>7/8/57</b> |
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|--|----------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>1-Burial</b> | 23b. DATE<br><b>7-8-57</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Richmond Cemetery</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Richmond, California</b> |
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| 24. FUNERAL DIRECTOR<br><b>J.W. Klingner + Co. Spgfd. Mo.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>7-8-57</b> | 26. REGISTRAR'S SIGNATURE<br><b>Edith Williamson</b> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

remove

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. 4770

P. O. Address Springfield

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.