

FILED NOV 12 1957

STATE FILE NUMBER

Registration District No. 257 Primary Registration District No. 5880 Registrar's No. 53

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <b>Osage</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Osage</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Crawford Township</b> TOWN		c. CITY OR TOWN <b>Linn</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Linn, Mo., R # 1</b>		d. STREET ADDRESS (If outside, give location) <b>R # 1</b>	
3. NAME OF DECEASED (Type or print) First <b>Fred</b> Middle <b>Remhold</b> Last <b>Busch</b>		4. DATE OF DEATH Month <b>Nov.</b> Day <b>1</b> Year <b>1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>8 Sept 1883</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self employed</b>	11. BIRTHPLACE (City and state or country) <b>Freedom, Mo.</b>
13a. FATHER'S NAME <b>August Busch</b>		13b. MOTHER'S MAIDEN NAME <b>Minnie Sprain</b>	14. NAME OF HUSBAND OR WIFE <b>Emma Hoffman</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>489 42 8930</b>	17. INFORMANT Address <b>Mrs. F. R. Busch, Ch amois, Mo. R # 1</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Arteriosclerotic heart disease</b> DUE TO (c) <b>Congestive failure</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Carcinoma of Prostate.</b>			19. WAS AUTOPSY PERFORMED? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)	
20c. TIME OF INJURY Hour a.m. p.m.		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 <b>8-17-57</b> to <b>11-1-57</b> and last saw <sup>him</sup> alive on <b>11-1-57</b> Death occurred at <b>3:30 p. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Arnold W. Baldwin D.O.</b>		22b. ADDRESS <b>Linn, Mo.</b>	
22c. DATE SIGNED <b>11-4-57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>4 Nov 1957</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Pilgram Luthern</b>		23d. LOCATION (City, town, or county) (State) <b>Freedom, Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Clyde Morton, Linn, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Nov 6-1957</b>	
26. REGISTRAR'S SIGNATURE <b>T. A. ...</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

W  
M

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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 *Simon M. Morton*

Licensed Embalmer No. *4125*  
P. O. Address *Summit*

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.