

Health,
Welfare
Public
Service

FILED JAN 20 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1568

STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 3

300
1-57
23

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Prairie		c. CITY OR TOWN Kansas City	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bolton Rd. - 2 mi. West #17 Hwy.		d. STREET ADDRESS (If outside, give location) 616 E. 8th	

3. NAME OF DECEASED (Type or print) First ALBERT Middle VERNON Last BUSICK			4. DATE OF DEATH Month Jan. Day 3, Year 1958		
--	--	--	--	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH June 2, 1927	9. AGE (In years last birthday) 31	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
-----------------------	----------------------------------	---	---	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Laborer	10b. KIND OF BUSINESS OR INDUSTRY Laborer	11. BIRTHPLACE (City and state or country) Sedalia, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
---	---	--	--

13a. FATHER'S NAME Annis LeRoy Busick	13b. MOTHER'S MAIDEN NAME Pearl L. Crum	14. NAME OF HUSBAND OR WIFE *****
---	---	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. 500-14-8037	17. INFORMANT LeRoy Busick, 616 E. 8, Kansas City Mo.
---	---	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon monoxide Poisoning		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) Attached knee to exhaust pipe
20c. TIME OF INJURY Hour 1-35 Month 5 Day 5 Year 58	Int. here in car

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Res	20f. CITY, TOWN, OR LOCATION Jackson Mo
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) Hugh A. Pinner, Curator	22b. ADDRESS 1034 Pinta Bldg	22c. DATE SIGNED 2-7-58
--	--	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 7, 1958	23c. NAME OF CEMETERY OR CREMATORY Lee's Summit, Cemetery	23d. LOCATION (City, town, or county) (State) Lee's Summit, Missouri
--	----------------------------------	---	--

24. FUNERAL DIRECTOR Langsford Funeral Home	25. DATE RECD. BY LOCAL REG. 1-6-1958	26. REGISTRAR'S SIGNATURE D. B. Langsford
---	---	---

Lee's Summit, Mo. (Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, Chiropractor, etc. must use city standard nomenclature in Part I - No symptoms when deceased. All diseases in Part I must be causally related.

APR 4 1958

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 *Raymond T. Herman*

Licensed Embalmer No. *4266*

P. O. Address *Indy, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.