

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040910

STATE FILE NUMBER

FILED NOV 25 1958

Registration District No. 257 Primary Registration District No. 3880 Registrar's No. 57

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Doctor, coroner, etc. must read every statement memorandum in item 18. No symptoms will be listed.
 All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY OSAGE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY OSAGE				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CRAWFORD TOWNSHIP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Chamois		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chamois Mo Star R		Length of stay in lb life		d. STREET ADDRESS (If outside, give location) RFD		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Elizbeth Middle Busch Last Busch				4. DATE OF DEATH Month Nov. Day 14 Year 1958				
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 8 1879		9. AGE (In years last birthday) 79	F UNDER 1 YEAR Months 6 Days 6	IF UNDER 24 HRS. Hours 0 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-maker		11. BIRTHPLACE (City and state or country) Hope Mo		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME August Koch			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE Henry A Busch, dec		
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. -----		17. INFORMANT Chas. Busch		Address Chamois, Mo. Star Route		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, Cerebral</u> DUE TO (c) <u>Arteriosclerotic heart disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Coronary failure</u>						INTERVAL BETWEEN ONSET AND DEATH 4200		
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. Month, Day, Year _____			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)					
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION		COUNTY STATE			
21. I attended the deceased from <u>9-1-58</u> to <u>11-14-58</u> and last saw her alive on <u>11-13-58</u> Death occurred at <u>5 a</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Arnold W. Ballwin D.O 2</u>				22b. ADDRESS <u>Linn</u>		22c. DATE SIGNED <u>10/17/58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 11/16/58	23c. NAME OF CEMETERY OR CREMATORY Pilgrim Luthern		23d. LOCATION (City, town, or county) (State) Freedom Mo			
24. FUNERAL DIRECTOR Clyde Morton		ADDRESS Linn Mo		25. DATE RECD. BY LOCAL REG. Nov. 20 1958		26. REGISTRAR'S SIGNATURE <u>Mrs. T. A. Dubrouillet</u>		

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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 *Vernon M. Morlan*

Licensed Embalmer No. *4125*

P. O. Address *Lincoln 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.