

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045484

STATE FILE NUMBER 11936

FILED DEC 22 1958

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

300
1-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 316 So JEFFERSON		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 316 So. JEFFERSON		Reside on Farm <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MARK BUSSEY			4. DATE OF DEATH Month Day Year 12 10 58		
5. SEX M 2	6. COLOR OR RACE S	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG. 28 1899		9. AGE (In years last birthday) 59 IF UNDER 1 YEAR Months Days 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PACKER		10b. KIND OF BUSINESS OR INDUSTRY SWIFT PACKING	11. BIRTHPLACE (City and state or country) TENN. U. S. A.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Geo. Bussey		13b. MOTHER'S MAIDEN NAME Viola SANDERS		14. NAME OF HUSBAND OR WIFE HARRIET BUSSEY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. —	17. INFORMANT Address Harriet Bussey 316 So Jefferson		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) metastatic carcinoma of brain carcinoma, primary site undetermined Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma, primary site undetermined also arteriosclerotic heart disease DUE TO (c) also arteriosclerotic heart disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 199.2					INTERVAL BETWEEN ONSET AND DEATH
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.) 199.2		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 10-1958 to 12-10-58 and last saw her alive on 12-7-58 Death occurred at 6A: _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. E. Magee (Degree or title) M.D.			22b. ADDRESS 4952 Maryland		22c. DATE SIGNED 12-11-58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 12-15-58	23c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK		23d. LOCATION (City, town, or county) (State) Berkeley MO.
24. FUNERAL DIRECTOR WALTON - DEMENT 2631 Cole 2707 Stoddard			25. DATE RECD. BY LOCAL REG. DEC 11 58		26. REGISTRAR'S SIGNATURE C. E. Smith M.D. M & B

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *W. Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *4575 Aldine*

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.