

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009310
STATE FILE NUMBER
1237

FILED MAR 26 1958 Registration District No. 149 Primary Registration District No. 1007 Registrar's No.

300
-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> COUNTY <i>Jackson</i>	
b. CITY OR TOWN <i>Kansas City</i> (outside corporate limits, give TOWNSHIP only) Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Kansas City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Gladstone Hotel</i> Length of stay in lb <i>6 months</i>		d. STREET ADDRESS <i>9th & Oak</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Beatrice L. Busby</i>			4. DATE OF DEATH Month Day Year <i>3-5-59</i>
5. SEX <i>F</i>	6. COLOR OR RACE <i>Wh</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Aug 26, 1914</i>
9. AGE (In years last birthday) <i>44</i>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10. OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Ma</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Restaurant</i>	11. BIRTH PLACE (City and state or country) <i>Seattle Washington</i>
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		13. FATHER'S NAME <i>Herbert O Osborn</i>	
13b. MOTHER'S MAIDEN NAME <i>Lena R. Conklin</i>		14. NAME OF HUSBAND OR WIFE <i>Busby</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or yes (If yes, give war or dates of service)) <i>no</i>		16. SOCIAL SECURITY NO. <i>unknown</i>	17. INFORMANT Address <i>Jackson County, Mo KEWA</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Gun shot wounds of chest</i> DUE TO (b) <i>+ Chest</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH _____
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Shot by husband</i>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. <i>3-5-59</i> p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Hotel</i>		
20e. CITY, TOWN, OR LOCATION COUNTY STATE <i>Kansas City Jackson Mo</i>	20f. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21. I attended the deceased from _____ to _____ and last saw her/him 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) <i>Dwight C. Coffey, M.D., Asst. Surg. Gen.</i>		22b. ADDRESS <i>667 West 15th St</i>	22c. DATE SIGNED <i>3-7-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>3-7-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Evergreen Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Seattle Washington</i>
24. FUNERAL DIRECTOR ADDRESS <i>H. Lipman & Sons KEWA</i>		25. DATE RECD. BY LOCAL REG. <i>3-8-59</i>	26. REGISTRAR'S SIGNATURE <i>neva mitchell</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Geo. C. Kealhofer

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 *J. Le Roy Mooney*

Licensed Embalmer No. *4776*

P. O. Address *K. P. Mooney*

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.