

Health,  
& Welfare  
Public  
Service

Dr. Busick

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012976  
STATE FILE NUMBER

FILED MAY 4 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 418

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>HOWELL</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SPRINGFIELD</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>BIRCH TREE</b> <sup>0460</sup>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BURGE HOSP.</b>		Length of stay in lb <b>1 DAY</b>	d. STREET ADDRESS (If outside, give location) <b>ROUTE # 3</b>
3. NAME OF DECEASED (Type or print) First <b>ROBIN</b> Middle <b>LARAE</b> Last <b>MILEY</b> <b>INFANT DAUGHTER OF MR. MRS. ROGER MILEY</b>		4. DATE OF DEATH Month <b>APRIL</b> Day <b>23</b> Year <b>1959</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>APRIL 22 1959</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INFANT</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) FUNDER 1 YEAR Months <b>1</b> Days <b>1</b> Hours <b>1</b> Min.
11. BIRTHPLACE (City and state or country) <b>MT. VIEW, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>ROGER MILEY</b>		13b. MOTHER'S MAIDEN NAME <b>MARLENE SUE PIERCE</b>	
14. NAME OF HUSBAND OR WIFE <b>X</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>NO</b>		17. INFORMANT <b>ROGER MILEY</b> Address <b>BIRCH TREE, MO.</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>Congenital atelectasis</b> DUE TO (b) <b>Premature Birth.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)			INTERVAL BETWEEN ONSET AND DEATH <b>i.d.</b>
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 <b>9</b> Month <b>4</b> Day <b>24</b> Year <b>1959</b> a.m. <b>p.m.</b>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT 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>4-24-59</b> to <b>4-25-59</b> and last saw her <sup>him</sup> alive on <b>4-24-59</b> Death occurred at <b>9:35 p.m.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Herb Busick MD</b>	
22b. ADDRESS <b>Springfield, Mo</b>		22c. DATE SIGNED <b>4-25-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>4/25/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CORINTH CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>BIRCH TREE, MO.</b>
24. FUNERAL DIRECTOR <b>H.H. LOHMEYER</b> ADDRESS <b>SPRINGFIELD, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>4-27-59</b>	
26. REGISTRAR'S SIGNATURE <b>Effie E. Melton</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 ..... *Gene B. Hunter*

Licensed Embalmer No. *4789* .....  
P. O. Address *Sfd. 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.