

RJ DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 8 1960

=60-000938

STATE FILE NUMBER

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 26

INDEXED

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived - If institution: Residence before admission) a. STATE MISSOURI b. COUNTY WARREN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON	Length of stay in 1b 5 DAYS	c. CITY OR TOWN TRELOAR	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. FRANCIS		d. STREET ADDRESS (If outside, give location) RR	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last CALVIN O.H. BUSSE			4. DATE OF DEATH Month Day Year FEB. 1, 1960	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-12-1925	9. AGE (last birthday) 34
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRACTOR OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY Metal Fabrication	11. BIRTHPLACE (City and state or country) WARREN CO. Mo	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME OTTO BUSSE		13b. MOTHER'S MAIDEN NAME LYDIA WILMSMEYER		14. NAME OF HUSBAND OR WIFE Kathryn McCarty
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. 487-30-5829	17. INFORMANT Address Mrs. Calvin Busse - Treloar, 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) Edema of Lungs		INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Deterioration Treatment	6 days
	DUE TO (c) Alcoholism	unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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 Warrenton Mo	COUNTY HOLSTEIN, Mo.	STATE
21. I attended the deceased from Jan 30/60 to Feb 1/60 and last saw her/him alive on Feb 1/60 Death occurred at 12:00 NOON m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <i>[Signature]</i> (Degree or title)		22b. ADDRESS Warrenton Mo	22c. DATE SIGNED 2/2/60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2-4-60	23c. NAME OF CEMETERY OR CREMATORIUM IMMANUEL'S F&R CHURCH	23d. LOCATION (City, town, or county) HOLSTEIN, Mo.

24. FUNERAL DIRECTOR F.W. NIEBURG & Co. WARRENTON, Mo.	25. DATE RECD. BY LOCAL REG. 2/3/60	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

WASHINGTON
STATE

FEB 1 1960

STATE OF WASHINGTON

FEB 24 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John J. Wieburg

Licensed Embalmer No. 389

P. O. Address Warrenton

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.