

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010539

FILED VS. MAR 28 1960

Primary Registration District No. 2000 Registrar's No. 317A

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY GREEN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY WRIGHT	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Length of stay in 1b 7 Day s	c. CITY OR TOWN MOUN TAIN GROVE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION SPRINGFIELD B.HOSPI TAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 920 OAKLAND AVENUE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last EMMA M. BUSCH			4. DATE OF DEATH Month Day Year MARCH 12 1960			
5. SEX FEMALE	6. COLOR OR RACE WHI TE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/20/1870	9. AGE (last birthday) 89 yrs	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) NELSON, NEBRASKA		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME JACOB RITTBUSH		13b. MOTHER'S MAIDEN NAME MARTHA DEFREES		14. NAME OF HUSBAND OR WIFE RICHARD G. BUSCH		
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 Address FRANCES BUSCH - MTN. GROVE, MISSOURI		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Thrombosis, Rt Middle Cerebral Artery		8 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Generalized Arteriosclerosis	8 years
DUE TO (c)		

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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Springfield, Missouri	COUNTY WRIGHT	STATE MISSOURI
21. I attended the deceased from Nov 15, 1959 to March 12, 1960 and last saw her/him alive on March 11, 1960 Death occurred at 8:10 A. m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) J. Callaway J. M.D.		22b. ADDRESS Springfield, Missouri		22c. DATE SIGNED 3/15/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3/15/1960	23c. NAME OF CEMETERY OR CREMATOR HILLCREST CEMETERY	23d. LOCATION (City, town, or county) (State) MOUN TAIN GROVE, MISSOURI		
24. FUNERAL DIRECTOR BRARBER FUNERAL HOME - MTN. GROVE, MO		25. DATE RECD. BY LOCAL REG. 3-22-60	26. REGISTRAR'S SIGNATURE Effie S. Melton		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 George Staff

Licensed Embalmer No. 3161

P. O. Address Mt. Snow

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.