MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 61-010014

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 84

FILED MAR 20 1961

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia — Length of stay in 1b: Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Pettis
c. CITY OR TOWN Sedalia — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 2900 So. Grand — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Middle Last: Eddie Alonzo Busker
4. DATE OF DEATH Month March Day 13 Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 11-13-1896
9. AGE (last birthday) 64
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) Poultry buying
10b. KIND OF BUSINESS OR INDUSTRY Poultry buying
11. BIRTHPLACE (City and state or country) Olean Mo
12. CITIZEN OF WHAT COUNTRY U. S. A
13a. FATHER'S NAME Henry A. Busker
13b. MOTHER'S MAIDEN NAME Annie Elizabeth Bishop
14. NAME OF HUSBAND OR WIFE Minnie L. Busker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Minnie L. Busker Address 2900 So. Grand Sedalia

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Primary Carcinoma of Liver — INTERVAL BETWEEN ONSET AND DEATH: 6 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Congestion of Lungs due to above.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1/29/61, to 3/13/61 and last saw him alive on 3/13/61
Death occurred at 10:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. L. Bothwell MD
22b. ADDRESS 1116 W 3rd Sedalia Mo
22c. DATE SIGNED 3/14/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3-16-1961
23c. NAME OF CEMETERY OR CREMATORY Crown Hill
23d. LOCATION (City, town, or county) Sedalia (State) Mo

24. FUNERAL DIRECTOR McLaughlin Bros ADDRESS Sedalia
25. DATE RECD. BY LOCAL REG. 3-15-1961
26. REGISTRAR'S SIGNATURE Frances A Kelly

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF DOCUMENT

MAR 23 1961

APR 7 1961

APR 5 1961

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 K. P. McGrary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.