

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-017970

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 260

AMENDED

FILED JUN 5 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) JOPLIN		Length of stay in 1b LIFE	c. CITY OR TOWN JOPLIN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital-DOA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1129 Roosevelt
3. NAME OF DECEASED (Type or print) First Middle Last JERRY LEE BUSICK			4. DATE OF DEATH Month Day Year MAY 27, 1961
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-6-1960
9. AGE (last birthday) 0		IF UNDER 1 YEAR Months Days 7 20	IF UNDER 24 HR Hours Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY INFANT	11. BIRTHPLACE (City and state or country) JOPLIN, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13. FATHER'S NAME Fred Busick	
13b. MOTHER'S MAIDEN NAME Violet Martin		14. NAME OF HUSBAND OR WIFE none	
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. none	17. INFORMANT Address Fred Busick, 1129 Roosevelt, Joplin
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) STRANGULATION			INTERVAL BETWEEN ONSET AND DEATH 5 min
DUE TO (b) HEAD BEING CAUGHT IN BABY BED			
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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) SIDE OF BABY BED PUSHED OUT - HEAD	
20c. TIME OF INJURY Hour a.m. Month, Day, Year 2:00 5-27-61	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION JOPLIN	COUNTY JASPER	STATE MO
21. I attended the deceased from DIP IV 07 ATTEMPT and last saw her/him alive on _____ Death occurred at 2 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Wendell F. Fike DDS. CORONER		22b. ADDRESS 508 FRISCO BLDG. JOPLIN	22c. DATE SIGNED 5-28-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-29-61	23c. NAME OF CEMETERY OR CREMATORY Saginaw	23d. LOCATION (City, town, or county). (State) Saginaw Mo.
24. FUNERAL DIRECTOR Steve Parker Mortuary, Joplin, Mo		25. DATE RECD. BY LOCAL REG. 5-29-1961	26. REGISTRAR'S SIGNATURE Dove Merriam

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.