

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

26 -61-024000

STATE FILE NUMBER

AMENDED

FILED JUL 18 1961

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH a. COUNTY Bollinger				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Bollinger			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Grassy		Length of stay in 1b 32yrs		c. CITY OR TOWN Grassy, Mo		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rt-1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) HETTIE RUGENE BUSBY				4. DATE OF DEATH Month 7 Day 12 Year 1961			
5. SEX FM	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-22-1879	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months 0 Days 0		IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Harrington, Ark		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME John Baker		13b. MOTHER'S MAIDEN NAME Julia Baugh		14. NAME OF HUSBAND OR WIFE Geo. Busby			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT Maebel Dudley Address St. Charles 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) Premia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiovascular disease DUE TO (c) Atherosclerosis							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Serility							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 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 5:00 a.m. Month, Day, Year 7/12/61							
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		COUNTY	STATE
21. I attended the deceased from 3/2/54 to 7/12/61 and last saw her alive on 7/11/61 Death occurred at 5:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE John F. Thomas (Degree or title)				22b. ADDRESS Interville Mo		22c. DATE SIGNED 7/12/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 7-15-1961	23c. NAME OF CEMETERY OR CREMATORY Union park Cem.		23d. LOCATION (City, town, or county) Chaffee, Mo.		
24. FUNERAL DIRECTOR Gene Ward		ADDRESS Interville Mo		25. DATE RECD. BY LOCAL REG. 7-14-61		26. REGISTRAR'S SIGNATURE Mrs. Buford Crader	

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Hennrich Liley*

Licensed Embalmer No. 5086

P. O. Address Luttenville, 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.