

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024746

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128 Primary Registration District No. 2002 Registrar's No. 757

STATE FILE NUMBER

FILED AUG 14 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Length of stay in 1b 30 YRS.		c. CITY OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1410 E. UNIVERSITY			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First WALTER Middle L. Last BUSSELL				4. DATE OF DEATH Month AUG. Day 9 Year 1961					
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 3/19/95	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done or nature of working life, even if retired) VICE PRESIDENT		10b. KIND OF BUSINESS OR INDUSTRY HERB TILLMAN CO. (REALTORS)		11. BIRTHPLACE (City and state or country) MT. MORIAH, MO.		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME LEE BUSSELL			13b. MOTHER'S MAIDEN NAME HATTIE ROCK			14. NAME OF HUSBAND OR WIFE VERA BUSSELL			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W. # 1				17. INFORMANT Address VERA BUSSELL SPRINGFIELD, 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) Hypertensive - Arteriosclerotic Heart Disease DUE TO (b) arteriosclerotic nephrosclerosis DUE TO (c) with Anemia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Urinary Retention due to Obstructive Hypertension PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown							INTERVAL BETWEEN ONSET AND DEATH		
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.) NONE					
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		COUNTY		STATE	
21. I attended the deceased from 2-22-50 to 8-9-61 and last saw him alive on 8-9-61 Death occurred at 6:45 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>W.D. Sam, M.D.</i> (Degree or title)				22b. ADDRESS 609 Cherry, Springfield, Mo			22c. DATE SIGNED 8/9/61		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 8/11/61	23c. NAME OF CEMETERY OR CREMATORY EASTLAWN		23d. LOCATION (City, town, or county) SPRINGFIELD, MO. (State)				
24. FUNERAL DIRECTOR ADDRESS H.H. LOHMEYER FUNERAL HOME SPRINGFIELD, MO.				25. DATE RECD. BY LOCAL REG. 8-10-61		26. REGISTRAR'S SIGNATURE <i>Effie S. ...</i>			

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

AUG 29 1961

AUG 17 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 AL MacC...

Licensed Embalmer No. 2727

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.