

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-62-005697**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 23 Primary Registration District No. 3007 Registrar's No. 625

AMENDED

**FILED MAR 12 1962**

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>BOLLINGER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>POPLAR BLUFF</b>	Length of stay in 1b <b>1 DAY</b>	c. CITY OR TOWN <b>GRASSY</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>NONE</b>

3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>FRANKLIN</b> Last <b>BUSBY</b>			4. DATE OF DEATH Month <b>FEBRUARY</b> Day <b>25</b> Year <b>1962</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-26-00</b>	9. AGE (last birthday) <b>61</b>	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>AGRICULTURE</b>	11. BIRTHPLACE (City and state or country) <b>NETTLETON, ARKANSAS</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>GEORGE FRANKLIN BUSBY</b>	13b. MOTHER'S MAIDEN NAME <b>HETTIE BAKER</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES 6-7-19 to 6-6-22</b>	16. SOCIAL SECURITY NO.	17. INFORMANT <b>VA HOSPITAL RECORDS, POPLAR BLUFF, MO.</b>
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18. CAUSE OF DEATH (Enter only one cause per line to PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MASSIVE UPPER G.I. HEMORRHAGE.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 Week</b>
DUE TO (b) <b>CARCINOMA, STOMACH.</b>		<b>Unknown</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)	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.)
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20c. TIME OF INJURY Hour a.m. p.m.	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 <b>POPLAR BLUFF, MO.</b>
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21. I attended the deceased from <b>Feb. 25, 1962</b> to <b>Feb. 25, 1962</b> and last saw him <b>alive</b> Death occurred at <b>9:40 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>Robert S. Cohen</b> (Degree or title) <b>ROBERT S. COHEN, M.D., Chief, Medical Svc.</b>	22b. ADDRESS <b>VA Hospital, Poplar Bluff, Mo.</b>	22c. DATE SIGNED <b>2/28/62</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>2-27-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>UNION PARK</b>	23d. LOCATION (City, town, or county) (State) <b>CHAFFEE, MO</b>
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24. FUNERAL DIRECTOR <b>Gene Ward, Lutesville, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>3/11/1962</b>	26. REGISTRAR'S SIGNATURE <b>Thelma Graham</b>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 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

*Luttrell, 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.