MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-041292
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1020
2 1020A
3
4 1
5 2
6
7 0
8 0
9 175.0
10
11
12 86-2
13 3-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED	INSTEAD OF	SHOULD READ	ITEM NO.

BY AFFIDAVIT OF DOCUMENT

Registration District No. 337 Primary Registration District No. 4496 Registrar's No. 52

FILED NOV 7 1962

1. PLACE OF DEATH
a. COUNTY: Shelby.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Shelbyville
Length of stay in Ib: 2Weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Pleasant Hill Rest H.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Shelby
c. CITY OR TOWN: R.F.D.#1. Hunnewell
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Near Prairie View.
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Hazel Middle: Vida Last: Buskirk
4. DATE OF DEATH Month: October Day: 28 Year: 1962.
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 4/13/'96
9. AGE (last birthday): 66
IF UNDER 1 YEAR: Months 8 Days 13
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (City and state or country): Shelby Co. Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: William Henry Howe
13b. MOTHER'S MAIDEN NAME: Mary Frances Janes
14. NAME OF HUSBAND OR WIFE: George W. Buskirkood
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: Mrs. Marvin Chitwood, Address: Hunnewell Mo

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): Metastatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 2 MO.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Ovarion Carcinoma — 1 yr.
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. ☐ 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 Jan.12,1962, to Oct.28,1962 and last saw her/him alive on Oct.17,1962
Death occurred at 2;30 A/M m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: G. H. Tomei (Degree or title) M.D.
22b. ADDRESS: Shelbina, Mo.
22c. DATE SIGNED: 10/30/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/30/1962
23c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
23d. LOCATION (City, town, or county) (State): Hunnewell, Mo.

24. FUNERAL DIRECTOR: Harold V. Garner. ADDRESS: Monroe City Mo.
25. DATE RECD. BY LOCAL REG.: 10-30-62
26. REGISTRAR'S SIGNATURE: Marianne Simpson

(Licensed Embalmer's Statement on Reverse Side)

NOV 16 1962

Issued Permit 10-30-62 - MD

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 [illegible]

Licensed Embalmer No. 3720

P. O. Address Morris City

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.