

FILED FEB 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>36</u>			
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Linn</u>					
b. CITY OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (in this place) <u>2 weeks</u>		c. CITY OR TOWN <u>Bucklin</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dryum-Smith Hosp. I.</u>				d. STREET ADDRESS (If rural, give location) <u>NONE</u>					
3. NAME OF DECEASED (Type or Print) <u>Etta Corbin Buster</u>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) <u>1 14 1949</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 23, 1874</u>	
9. AGE (In years last birthday) <u>74</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Macon Co.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>James M. Corbin</u>			13b. MOTHER'S MAIDEN NAME <u>Amelia Mayhew</u>			14. NAME OF HUSBAND OR WIFE <u>Willard Buster</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. H. J. Ramsey</u>				ADDRESS <u>Macon, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>PNEUMONIA</u>				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>4 DAYS</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				DUE TO (b) <u>CARCINOMA OF BLADDER WITH METASTASES TO LUNG.</u>				DUE TO (c)	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				3 YEARS 6 MONTHS	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>NONE</u>				<u>KIX</u>	
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NO</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>NONE</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>NONE</u>					
22. I hereby certify that I attended the deceased from <u>Dec. 29, 1948</u> , to <u>Jan 14, 1949</u> , that I last saw the deceased alive on <u>Jan 14, 1949</u> , and that death occurred at <u>7:38 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Orlinda T. Eubank Jr MA</u>				23b. ADDRESS <u>1 Catherine Missouri</u>		23c. DATE SIGNED <u>Jan 24 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 16, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bucklin</u>		24d. LOCATION (City, town, or county) (State) <u>Bucklin Mo</u>			
DATE REC'D BY LOCAL REG. <u>1-27-49</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Skinner</u>		ADDRESS <u>Macon Mo</u>			

RECEIVED

District Health Officer No. 10

District File Number 2-49-191

Date Filed FEB 2 - 1940

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.

Signed Albert S. Krumm

Signed _____
Student Embalmer

Licensed Embalmer No. 75-1

P. O. Address Macon 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 this body is not embalmed, fact should be so stated above.