

3. No. 300
v. 10-48

FILED MAR 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4487

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 211

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

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Springfield</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield Rural</u> | |
| c. LENGTH OF STAY (in this place) <u>Lifetime</u> | | 6390 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Baptist Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>Rt. 4 Springfield, Mo.</u> | |

| | | | | | |
|-------------------------------------|----------------------------|-------------------------|---------------------------------------|--|--|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| a. (First) <u>James</u> | b. (Middle) <u>Preston</u> | c. (Last) <u>Buster</u> | <u>March 7, 1950</u> | | |

| | | | | | | |
|--------------------|-------------------------------|---|---------------------------------------|---|--|---|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Nov. 25, 1883</u> | 9. AGE (In years last birthday) <u>66</u> | IF UNDER 1 YEAR Months <u>3</u> Days <u>12</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
|--------------------|-------------------------------|---|---------------------------------------|---|--|---|

| | | | |
|--|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u> | 11. BIRTHPLACE (State or foreign country) <u>Near Springfield, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
|--|--|--|---|

| | | |
|--|--|---|
| 13a. FATHER'S NAME <u>Jacob Price Buster</u> | 13b. MOTHER'S MAIDEN NAME <u>Martha Roberson</u> | 14. NAME OF HUSBAND OR WIFE <u>Osa Buster</u> |
|--|--|---|

| | | | |
|--|--|---|---------------------------------|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>unknown</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jess Weaver, 2051 Summit,</u> | ADDRESS <u>Springfield, Mo.</u> |
|--|--|---|---------------------------------|

| | | | |
|---|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral contusion, severe</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u> <u>8 21/2</u> <u>20</u> |
| | ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> | | |
| | DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia, bilateral</u> | | | <u>8 days</u> |

| | | |
|------------------------------------|--|--|
| 19a. DATE OF OPERATION <u>None</u> | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------------------|--|--|

| | | |
|--|--|---|
| 21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____ | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 66</u> | 21c. (CITY, TOWN, OR TOWNSHIP) <u>Springfield</u> (COUNTY) <u>Greene</u> (STATE) <u>Mo.</u> |
|--|--|---|

| | | |
|---|---|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2 23 50 6:45</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Pedestrian-auto accident</u> |
|---|---|--|

22. I hereby certify that I attended the deceased from 2/23, 1950, to 3/7, 1950, that I last saw the deceased alive on 3/7, 1950, and that death occurred at 8:15 Pm., from the causes and on the date stated above.

| | | |
|---|--------------------------------------|--------------------------------|
| 23a. SIGNATURE <u>William W. Wood</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>500 Holland bldg</u> | 23c. DATE SIGNED <u>3/9/50</u> |
|---|--------------------------------------|--------------------------------|

| | | | |
|---|--------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>March 10, '50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Roberts</u> | 24d. LOCATION (City, town, or county) (State) <u>E. of Springfield, Mo.</u> |
|---|--------------------------------|---|---|

| | | | |
|---|--|--|---------------------------------|
| DATE REC'D BY LOCAL REG. <u>3-10-50</u> | REGISTRAR'S SIGNATURE <u>W. J. Stanley, M.D.</u> | FEDERAL DIRECTOR'S SIGNATURE <u>W. L. Dunn</u> | ADDRESS <u>Springfield, Mo.</u> |
|---|--|--|---------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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 *H. J. Mc Corm*.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2729

P. O. Address *Springfield, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.