

FILED APR 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15213

972

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

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 3072		Registrar's No. 85	
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, write RURAL and give town or township) Marshall		c. LENGTH OF STAY (In this place) 5 months		c. CITY (If outside corporate limits, write RURAL and give township) Marshall		0972	
d. FULL NAME OF HOSPITAL OR INSTITUTION 754 West North Street				d. STREET ADDRESS (If rural, give location) 754 West North Street			
3. NAME OF DECEASED (Type or Print) a. (First) Mary Ann b. (Middle) Piper c. (Last) Busan			4. DATE OF DEATH (Month) (Day) (Year) April 20, 1951.				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 3, 1873	9. AGE (In years last birthday) 77	10 UNDER 1 YEAR Months 10 Days 17	11 UNDER 24 HRS. Hours 10 Min. 17	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Saline County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John M. Piper		13b. MOTHER'S MAIDEN NAME Virginia Furr		14. NAME OF HUSBAND OR WIFE William E. Busan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William E. Busan, Marshall, Mo.			
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) Coronary Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Diabetes DUE TO (c) Hypertension				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH Immediate	
19a. DATE OF OPERATION		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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 260X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from _____, 1935, to 4-1, 1951, that I last saw the deceased alive on 4-1, 1951, and that death occurred at 4 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. J. Warren D.O.				23b. ADDRESS Marshall Mo		23c. DATE SIGNED 4/20/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 22, 1951	24c. NAME OF CEMETERY OR CREMATORY Ridge Park cemetery		24d. LOCATION (City, town, or county) (State) Marshall, Missouri.		
DATE REC'D BY LOCAL REG. April 20-1951		REGISTRAR'S SIGNATURE Bidway J Gray		385		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Campbell & Lewis Marshall, Mo.	

RECEIVED 4-23-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 4-23-51

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

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Bill Campbell Jr.*

Licensed Embalmer No. 3469

P. O. Address *Marshall, 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.