

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4886

State File No.

FILED MAR 15 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1016

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 0		c. LENGTH OF STAY (In this place) 50 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. STREET ADDRESS 911 Bellefontaine		f. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1	
3. NAME OF DECEASED (Type or Print) a. (First) Nancy b. (Middle) E. c. (Last) Busker			4. DATE OF DEATH (Month) (Day) (Year) 3 2 52
5. SEX FEM	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WID	8. DATE OF BIRTH 6/27/1963
9. AGE (In years last birthday) 88	10. UNDER 1 YEAR (Months) (Days) (Hours) (Min.)	11. BIRTHPLACE (State or foreign country) Missouri 0	12. CITIZEN OF WHAT COUNTRY? U. S.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri 0	
13a. FATHER'S NAME Taylor		13b. MOTHER'S MAIDEN NAME Lydia	
13c. FATHER'S NAME Taylor		14. NAME OF HUSBAND OR WIFE Benjamin Busker	
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 MRS. BESSIE NELSON		ADDRESS 911 BELLEFONTAINE	
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, athermia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive left encephalomalacia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombosis of left middle cerebral artery DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 35 min	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Feb. 20, 1952 , to Mar. 2, 1952 , that I last saw the deceased alive on Mar. 2, 1952 , and that death occurred at 11 A. M. , from the causes and on the date stated above.			
23a. SIGNATURE B. H. Stratemeyer MD (Degree or title)		23b. ADDRESS 24th & Cherry	
23c. DATE SIGNED 3-3-52		23d. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal 4	24b. DATE 3-4-52	24c. NAME OF CEMETERY OR CREMATORY Pilot Grove	24d. LOCATION (City, town, or county) (State) Pilot Grove, Mo.
DATE REC'D BY LOCAL REG. 3-4-52		REGISTRAR'S SIGNATURE Sheraldine Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE John P. Sheil		ADDRESS Kansas City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Magrell

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
Student Embalmer

Signed *Mr. J. B. Sheil*

Licensed Embalmer No. *3625*

P. O. Address _____

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.