No. 300
10.48

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

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 41960

FILED DEC 29 1952

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 5434 ~~3036~~ Registrar's No. 187

**1. PLACE OF DEATH**
a. COUNTY Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - St. John's
c. LENGTH OF STAY (In this place) 57 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Labadie R. F. D. #1

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - St. John's 0360
d. STREET ADDRESS (If rural, give location) Labadie R. F. D. # 1

**3. NAME OF DECEASED** (Type or Print)
a. (First) Johanna
b. (Middle) Marie
c. (Last) Busch

**4. DATE OF DEATH** (Month) (Day) (Year) Dec. 22, 1952

**5. SEX** Female

**6. COLOR OR RACE** White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widowed

**8. DATE OF BIRTH** April 20, 1868

**9. AGE** (In years last birthday) 84 — If under 1 year: Months 8, Days 2 — If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Home Maker

**10b. KIND OF BUSINESS OR INDUSTRY** Own Home

**11. BIRTHPLACE** (State or foreign country) Washington, Missouri R.F.D.

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** Adam Gerner

**13b. MOTHER'S MAIDEN NAME** Helen M. Schramm

**14. NAME OF HUSBAND OR WIFE** George D. Busch

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No — (If yes, give war or dates of service) XXX

**16. SOCIAL SECURITY NO.** None

**17. INFORMANT'S SIGNATURE OR NAME** Mrs. John J. Pope — **ADDRESS** Labadie, Mo. R. # 1

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 12 h

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic C-V-Disease — 10 yrs
DUE TO (c) old age.

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* None

**19a. DATE OF OPERATION** none
**19b. MAJOR FINDINGS OF OPERATION** none 442X
**20. AUTOPSY?** YES ☐ NO ☒

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 17 March, 1947, *to* 22 Dec, 1952, *that I last saw the deceased alive on* 22 Dec, 1952, *and that death occurred at* 10:55P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** Raymond J. Bragg, M.D. (Degree or title)
**23b. ADDRESS** Washington, Mo.
**23c. DATE SIGNED** 23 Dec 52

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial
**24b. DATE** Dec. 27, 1952
**24c. NAME OF CEMETERY OR CREMATORY** St. John's Cemetery
**24d. LOCATION** (City, town, or county) (State) Villa Ridge, (Gildehaus). Mo.

**DATE REC'D BY LOCAL REG.** Dec. 23, 1952
**REGISTRAR'S SIGNATURE** F. E. Hudman & E. E. Hudman — 77-0
**25. FUNERAL DIRECTOR'S SIGNATURE** Steeburg & Ottenbe — **ADDRESS** Washington, Mo.
(Licensed Embalmer's Statement on Reverse Side) L. H. Wall

## 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 Lester H. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.