

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR BUSIEK
State File No. **28342**

FILED SEP 8 - 1953
BIRTH NO. 7-5783-521 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 834

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE	
d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD	
c. LENGTH OF STAY (In this place) 9 MONS.		d. STREET ADDRESS (If rural, give location) 2825 WEST ELM ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION BURGE HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) EDITH b. (Middle) KAY c. (Last) PRYOR			4. DATE OF DEATH (Month) (Day) (Year) AUG, 31, 1953		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH NOV, 26, 1952		9. AGE (In years last birthday) 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY INFANT		11. BIRTHPLACE (State or foreign country) SPRINGFIELD, MISSOURI	
13a. FATHER'S NAME ROBERT G. PRYOR			13b. MOTHER'S MAIDEN NAME BETTY GIST		14. NAME OF HUSBAND OR WIFE X

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 ROBERT G. PRYOR SPRINGFIELD, MO	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metabolic acidosis			INTERVAL BETWEEN ONSET AND DEATH 2d
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diarrhea infections			
		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 5710			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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 8-31, 1953, to 8-31, 1953 that I last saw the deceased alive on 8-31, 1953, and that death occurred at 7:20P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Herman J. Busiek M.D.		23b. ADDRESS Springfield, Mo		23c. DATE SIGNED 9-1-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9/2/53		24c. NAME OF CEMETERY OR CREMATORY GREENLAWN	
24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HERMAN LOHMEYER SPRINGFIELD, MO			
DATE REC'D BY LOCAL REG. 9-2-53		REGISTRAR'S SIGNATURE Edith Williamson			

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

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 Lucien J. Buckley

Licensed Embalmer No. 4815

P. O. Address Springfield

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.