

FILED DEC 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38827

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 5463		Registrar's No. 1094	
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 OR TOWN <u>Fair Grove Rural</u>		c. LENGTH OF STAY (In this place) <u>1 yr.</u>		c. CITY OR TOWN <u>Fair Grove</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route 1. 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 1. Fair Grove Mo.</u>				6390			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u> b. (Middle) <u>B.</u> c. (Last) <u>Busby</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 7. 1953</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Feb. 14, 1890</u>		9. AGE (In years last birthday) <u>63</u>	10. UNDER 1 YEAR Months <u>9</u> Days <u>23</u>	11. UNDER 1 MO. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dallas Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>William Cross</u>			13b. MOTHER'S MAIDEN NAME <u>Rachel Jennings</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. Franklin Busby</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or date of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Doyle Edwards Lebanon Mo.</u> ADDRESS _____			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Cut her own throat with Razor Blade</u> ANTECEDENT CAUSES <u>Severing the trachea</u> DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
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) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fair Grove Rt # 1. Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec. 7 1953 10AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Cut throat Severing the trachea</u>			
22. I hereby certify that I attended the decedent from _____, 19____, to _____, 19____, and that death occurred at <u>10: A.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. E. Allen Pickens, Coroner</u>				23b. ADDRESS <u>407 Medical Arts Bg.</u>		23c. DATE SIGNED <u>12-10-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-10-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Balles Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Lebanon Mo.</u>		
DATE REC'D BY LOCAL REG. <u>12-11-53</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>W.E. Holman</u> ADDRESS <u>Lebanon Mo.</u>		

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

APR 26 1956

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 Orsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon 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.