

FILED NOV 22 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36386

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5350 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lincoln</u>	c. LENGTH OF STAY (in this place) <u>58975</u>	c. CITY OR TOWN <u>Lincoln</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>oddy</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Adam</u> c. (Last) <u>Van BUSTIAR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-7-1955</u>
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	8. DATE OF BIRTH <u>Jan-24-1897</u>
9. AGE (In years last birthday) <u>58</u> 10. IF UNDER 1 YEAR Months <u>10</u> 11. IF UNDER 24 HRS. Hours <u>16</u> Min.		9. AGE (In years last birthday) <u>58</u> 10. IF UNDER 1 YEAR Months <u>10</u> 11. IF UNDER 24 HRS. Hours <u>16</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Livestock Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Dallas Co, MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John F. Van BUSTIAR</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth WILT</u>	14. NAME OF HUSBAND OR WIFE <u>FERN Van BUSTIAR</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>537-22-6281</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fred A. Van BUSTIAR, K.C. MO</u>	
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) <u>Heart Failure</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>7824</u>	
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)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23. SIGNATURE (Degree or title) <u>Ortho Brown, Deputy Coroner</u>		23b. ADDRESS <u>Buffalo, MO.</u>	23c. DATE SIGNED <u>11/14/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-12-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>HICKORY CO. MO</u>
DATE REC'D BY LOCAL REG. <u>11/19/55</u>	REGISTRAR'S SIGNATURE <u>Drs. Grace Petree</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Allan W. Vaughan</u>	ADDRESS <u>Urban, MO</u>

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

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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.....  
Signature of Student Embalmer

Signed *Allen W. Vaughan*.....

Licensed Embalmer No. *415*.....

P. O. Address *Urbana,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.