

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7323

FILED MAR 11 1957

STATE FILE NUMBER

Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 52

300  
-57

4

1. PLACE OF DEATH a. COUNTY <u>Warrenton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Warrenton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Festus</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Katie Jane Home</u>		Length of stay in 1b <u>4 Mos</u>	d. STREET ADDRESS (If outside, give location) <u>Mountain View Home</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Fred</u> Middle <u>C.</u> Last <u>Busold</u>			4. DATE OF DEATH Month <u>Feb.</u> Day <u>17</u> Year <u>1957</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <u>2</u> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 25, 1873</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Constr. Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Iron Worker</u>	11. BIRTHPLACE (City and state or country) <u>St. Peters, Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Henry Busold</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Bauer</u>	14. NAME OF HUSBAND OR WIFE <u>unknown</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT <u>Mrs Robt. Ekstrom, 1221 San Jacinto Ct.</u> Address <u>St. Louis, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Verdict of Coroner's Jury.</u>			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <u>Death due to fire at Katie Jane Home, about 2:35 P.M.</u>			
DUE TO (c) <u>Origin of fire undetermined.</u> <u>9167</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>40</u>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED.. (Enter nature of injury in PART I or PART. II of item 18.) <u>Running of Katie Jane Home</u>
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Running Home</u>	20f. CITY, TOWN, OR LOCATION <u>Warrenton</u>	COUNTY <u>109</u> STATE
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <u>Dr. H. F. Fugge</u> (Degree or title) <u>Coroner</u>	22b. ADDRESS <u>Warrenton, Missouri</u>	22c. DATE SIGNED <u>3-16-57</u>
--	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-21-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Zion Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis Co, Mo.</u>
--	-----------------------------	--	---

24. FUNERAL DIRECTOR <u>Calvin E. Feutz Inc, 4828 Nat'l Bridge</u>	ADDRESS <u>St. Louis, Mo.</u> DATE RECD. BY LOCAL REG. <u>3-16-57</u>	26. REGISTRAR'S SIGNATURE <u>Floyd Logan</u>
---	---	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 2 1957

MAR 20 1957

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 *John J. Helwig* .....

Licensed Embalmer No. 3897

P. O. Address *Warrenton, OR*

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.