V.S. No. 300
Rev. 10.48

FILED MAY 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11923

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 179

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Stickler Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Sullivan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Green City 1050
d. STREET ADDRESS (If rural, give location): No street address 0

3. NAME OF DECEASED (Type or Print)
a. (First): David
b. (Middle): Lindley
c. (Last): Busick

4. DATE OF DEATH (Month) (Day) (Year): May 6, 1957

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 15, 1891
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months ---- Days ---- IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Book keeper
10b. KIND OF BUSINESS OR INDUSTRY: Bank
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: David R. Busick
13b. MOTHER'S MAIDEN NAME: Josephine Duley
14. NAME OF HUSBAND OR WIFE: Lena Busick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: 495-01-5507
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Lena Busick, Green City, Mo.

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) Anhydremia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage — 6 days
DUE TO (c) Hypertension — 10 Mos.

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: 331X
20. AUTOPSY? 0 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* July 31, 1956, *to* May 6, 1957, *that I last saw the deceased alive on* May 6, 1957, *and that death occurred at* 4:40 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. P. Stickler MD 0
23b. ADDRESS: Kirksville, Missouri
23c. DATE SIGNED: 5-6-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 8, 1957
24c. NAME OF CEMETERY OR CREMATORY: Green City Cemetery
24d. LOCATION (City, town, or county) (State): Green City, Mo.

DATE REC'D BY LOCAL REG.: 5-9-1957
REGISTRAR'S SIGNATURE: Doris W. Ratliff
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Glenn E. Kent & Son, Green City, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 0

535 0

MAY 22 1957

MAY 17 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 .....
Student Embalmer

Signed Karl R. Kent

Licensed Embalmer No. 4689

P. O. Address Green City, 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.