

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12094**

FILED APR 29 1957

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **132**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia	c. LENGTH OF STAY (In this place) 1 1/2 hrs	c. CITY OR TOWN Hartsburg	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Boone County Hospital		e. STREET ADDRESS (If rural, give location) 0100 0	

3. NAME OF DECEASED (Type or Print) a. (First) Barney b. (Middle) William c. (Last) Busch		4. DATE OF DEATH (Month) (Day) (Year) April 20 1957	
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 20 1894
9. AGE (In years last birthday) 62 Months 11 Days 0 Hours 0 Mins.		11. BIRTHPLACE (City and State or Foreign Country) 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Banking Farming		10b. KIND OF BUSINESS OR INDUSTRY Hartsburg Missouri U.S.A.	

13a. FATHER'S NAME Lawrence Busch	13b. MOTHER'S MAIDEN NAME Lula Trammel	14. NAME OF HUSBAND OR WIFE Cecil Busch
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 771	16. SOCIAL SECURITY NO. 497-03-9280	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cecil Busch Hartsburg 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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 wk.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Asthenia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis 5 yrs. DUE TO (c) Arterio-sclerosis 6 yrs.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes -			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 5810		20. AUTOPSY? 0 YES <input type="checkbox"/> NO <input 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) (Min.)	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 **Sept 1956** to **April 20 1957** that I last saw the deceased alive on **April 20 1957**, and that death occurred at **4:45 AM.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Barl D. Dietrich M.D. Prof. Bd. Calumet Mo.	23b. ADDRESS Calumet Mo.	23c. DATE SIGNED April 20 1957
24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE April 23 1957	24c. NAME OF CEMETERY OR CREMATORY New Salem Cemetery
24d. LOCATION (City, town, or county) (State) Ashland Missouri	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm E. Burnett Ashland Mo.	
DATE REC'D BY LOCAL REG. Apr. 22 1957	REGISTRAR'S SIGNATURE Mrs R.E. Palmer	

(Licensed Embalmer's Statement on Reverse Side)

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

31-

YS JUL 28 1960

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 *Wm L Burnett*.....

Licensed Embalmer No. *3567*.....

P. O. Address *Ashtland, Pa.*.....

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.