

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57 0 18041  
State File No.

FILED MAY 27 1957

Registrar's No. 7:0

BIRTH NO.		REG. DIST. NO. 243		PRIMARY REG. DIST. NO. 4364		Registrar's No. 7:0	
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>McDonald</u>			
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Stella</u>		c. LENGTH OF STAY (In this place) <u>10 da.</u>		c. CITY OR TOWN <u>Southwest City</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 <u>Caldwell Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>Rt. 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lula</u> b. (Middle) <u>Mae</u> c. (Last) <u>Bussear</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-12-57</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH (1900) <u>April 12-1900</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> 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>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Noel Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Dan Graham</u>		13b. MOTHER'S MAIDEN NAME <u>Marenda Gahn</u>		14. NAME OF HUSBAND OR WIFE <u>Earl Bussear</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Millford Totaw 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Decompensation</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>  <u>1 year</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>4222</u>				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) (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 <u>4/20</u> , 19 <u>57</u> , to <u>5/12</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>7:30 PM</u> , 19 <u>57</u> , and that death occurred at <u>10 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H.D. Fountain</u>				23b. ADDRESS <u>Do 7 Noel Mo</u>		23c. DATE SIGNED <u>May 12, 57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-16-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverside Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Noel Mo.</u>		
DATE REC'D BY LOCAL REG. <u>5-19-57</u>		REGISTRAR'S SIGNATURE <u>Mildred Moberly</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.M. Humphrey Noel Mo.</u>			

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

# RECEIVED

District Health Officer No. Neustox  
District File Number 557-117  
Date Filed MAY 22 1957

VS AUG 13 1959

VS APR 22 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..... *J. M. Humphrey*

Licensed Embalmer No..... 490

P. O. Address..... Noel 7

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.