

FILED OCT 14 1957

STANDARD CERTIFICATE OF DEATH

State File No. 31052

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 457

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Cape Girardeau / (ownership)		c. CITY OR TOWN Cape Girardeau	
c. LENGTH OF STAY (in this place) 92 yrs		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 626 Ranney Street		STREET ADDRESS (If rural, give location) 626 Ranney Street	

3. NAME OF DECEASED (Type or Print) a. (First) Georgia b. (Middle) Ethel c. (Last) Busche			4. DATE OF DEATH (Month) (Day) (Year) Oct. 6th 1957		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Feb. 11, 1865		9. AGE (In years last birthday) 92		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) Housework		10b. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (City and State or Foreign Country) Cape Girardeau, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME William Stevenson		13b. MOTHER'S MAIDEN NAME Sophia Haynes		14. NAME OF HUSBAND OR WIFE Henry W. Busche	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Lester Busche-Cape Girardeau, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 48 hours	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia		DUE TO (b) Fracture, right hip		4 days	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				9049	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 47		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 115	

22. I hereby certify that I attended the deceased from April, 1948, to Oct. 6, 1957, that I last saw the deceased alive on Oct. 6, 1957, and that death occurred at 9:00a.m., from the causes and on the date stated above.

23a. SIGNATURE Edward O. Campbell M.D.		(Degree or title)		23b. ADDRESS Cape Girardeau, Mo.	
23c. DATE SIGNED OCT 11 1957					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-08-1957		24c. NAME OF CEMETERY OR CREMATORY Lorimier Cemt.	
				24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.	

DATE REC'D BY LOCAL REG. 10-11-57		REGISTRAR'S SIGNATURE W. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L. L. Herman Cape Girardeau, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *Howard L. Hannan*

Licensed Embalmer No. *412*

P. O. Address *Cape Girardeau*

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.