

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041053
STATE FILE NUMBER

FILED DEC 1 1958 Registration District No. 292 Primary Registration District No. 5980 Registrar's No. 131

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| 1. PLACE OF DEATH a. COUNTY <u>Polk</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural - Wishart</u> | | c. CITY OR TOWN <u>Rural - Wishart</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Died in the Home</u> | | d. STREET ADDRESS (If outside, give location) | |
| Length of stay in lb <u>10 yrs</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First <u>Dorothy</u> Middle <u>elene</u> Last <u>Busby</u> | | | 4. DATE OF DEATH Month <u>Nov.</u> Day <u>17</u> Year <u>1958</u> | | |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>July 29-1918</u> | 9. AGE (In years last birthday) <u>40</u> | 10. FUNDER 1 YEAR Months <u>0</u> Days <u>0</u> | 11. IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u> |
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| 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>Homemaking</u> | 11. BIRTHPLACE (City and state or country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Johnny Worthy</u> | 13b. MOTHER'S MARDEN NAME <u>Lizzie</u> | 14. NAME OF HUSBAND OR WIFE <u>Albert Busby</u> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>No</u> | 17. INFORMANT Address <u>Albert Busby - Wishart, Mo.</u> |
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| 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>Inaction & Debilitation</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Carcinomatosis</u> | |
| | DUE TO (c) <u>Primary Carcinoma of Fundus Uteri</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>172X</u> | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input 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.) |
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| 20c. TIME OF INJURY Hour <u> </u> Month, Day, Year a.m. <u> </u> p.m. <u> </u> | 20d. INJURY OCCURRED WHILE AT <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.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
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| 21. I attended the deceased from <u>Feb. 1958</u> to <u>Nov. 17, 1958</u> and last saw <u>her</u> alive on <u>Nov. 15-1958</u> Death occurred at <u>2:45 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE <u>W. H. Lumbrey, Jr.</u> (Degree or title) | 22b. ADDRESS <u>Bolivar Mo.</u> | 22c. DATE SIGNED <u>11-21-58</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Nov. 20-58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Morrisville, Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Polk Co. Mo.</u> |
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| 24. FUNERAL DIRECTOR <u>Pitts Funeral Home - Bolivar, Mo</u> ADDRESS | 25. DATE RECD. BY LOCAL REG. <u>Nov. 22, 1958</u> | 26. REGISTRAR'S SIGNATURE <u>Ralph Gordenperjuell Gorden</u> |
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(Licensed Embalmer's Statement on Reverse Side)

300
1-57
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Richard J. Pitts*

Licensed Embalmer No. *4939*

P. O. Address *Bolivar, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.