

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008950

STATE FILE NUMBER

FILED APR 1 1959

Registration District No. 102 Primary Registration District No. 5416 Registrar's No. _____

100
-57

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Buffalo Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Buffalo Twp.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 Mi. So. Cardwell		Length of stay in lb 3 Mo;	d. STREET ADDRESS (If outside, give location) 3 Mi. So. Cardwell,
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First John Middle W. Last Busby			4. DATE OF DEATH Month Mar. Day 19 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11-15-1893	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 4 Days 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Center, Ark.	12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mrs. Effie Busby	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 432-26-5147	17. INFORMANT Address Mrs. Effie Busby, Rt. 1, Cardwell, Mo.
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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) Acute Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 10-20 min?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerosis	
	DUE TO (c) Massive Myocardial Infarction	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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.)
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____	

20d. INJURY OCCURRED WHILE AT WORK <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 **November 58** to **February 59** and last saw ^{her}him alive on **10 mar 59**
Death occurred at **3:00 PM** on the date stated above; and to the best of my knowledge, from the causes stated.

21a. SIGNATURE <i>John W. Swafford, Jr.</i> Degree or title	22b. ADDRESS Mo. Cardwell, Mo	22c. DATE SIGNED 20 Mar 59
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23a. BURIAL, CREMATION, OR REMOVAL (See 111) Burial	23b. DATE 3-21-1959	23c. NAME OF CEMETERY OR CREMATORY Cardwell Cemetery	23d. LOCATION (City, town, or county) Cardwell, Mo.
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24. FUNERAL DIRECTOR Farmers Union F. Home, Jonesboro, Ark. <i>Gerry Cavene</i>	25. DATE RECD. BY LOCAL REG. 3-25-1959	26. REGISTRAR'S SIGNATURE <i>Edna Zellman</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Jerry Cravens, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Jerry Cravens
Jerry Cravens
Licensed Embalmer No. 5050

P. O. Address Jonesboro, Ark.

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.