

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022081

STATE FILE NUMBER

FILED JUN 22 1959 Registration District No. ~~5667~~ 179 Primary Registration District No. 5667 Registrar's No. 58

S. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | |
|---|-----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Lincoln | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford Twp. | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Bedford Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence | | Length of stay in lb | d. STREET ADDRESS (If outside, give location) Bedford Twp. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Henry Middle Fredrick Last Busch | | | 4. DATE OF DEATH Month June Day 7 Year 1959 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Oct 28, 1878 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming | 9. AGE (In years last birthday) 80 IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HRS.: Hours <input type="checkbox"/> Min. <input type="checkbox"/> |
| 11. BIRTHPLACE (City and state or country) Lincoln Co. Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Henry Busch | | 13b. MOTHER'S MAIDEN NAME Annie Moehlmann | 14. NAME OF HUSBAND OR WIFE Katie Harding |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No | | 16. SOCIAL SECURITY NO. 488-24-8591 | 17. INFORMANT Address Bill Busch, Troy, Missouri. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial insufficiency DUE TO (b) Infirmities of age DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ | | | INTERVAL BETWEEN ONSET AND DEATH 2 years |
| 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 <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 |
| 21. I attended the deceased from June 11, 1959 to June 7, 1959 and last saw her alive on May 12, 1959 on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) H. F. Kelley | | 22b. ADDRESS Troy, Missouri | 22c. DATE SIGNED 6/8/59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE June 11, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Friedens Evangelical | 23d. LOCATION (City, town, or county) (State) Troy, Missouri |
| 24. FUNERAL DIRECTOR ADDRESS Marsh Fuberal Home Troy, Missouri | | 25. DATE RECD. BY LOCAL REG. 6-15-1959 | 26. REGISTRAR'S SIGNATURE Charlotte Leek |

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 ~~XXXX~~, Student Embalmer No.

working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Joseph J. Marsh

Licensed Embalmer No. 3932.....

P. O. Address Troy, Missouri.

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.