

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-026387

FILED IN STATE OF MISSOURI 1960 115-116 Primary Registration District No. 3020 Registrar's No. 178

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington		Length of stay in 1b 1 day	c. CITY OR TOWN Sullivan
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt. #4
3. NAME OF DECEASED (Type or print) First Donna Middle Louise Last Busse			4. DATE OF DEATH Month July Day 27 Year 1960
5. SEX Female	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 Nov. 15, 1941
9. AGE (last birthday) 18		IF UNDER 1 YEAR Months 18 Days 18 Hours 18 Min. 18	IF UNDER 24 HR Hours 18 Min. 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Sullivan, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Alfred Spindler	
13b. MOTHER'S MAIDEN NAME Clemilee Delasmentt		14. NAME OF HUSBAND OR WIFE Kenneth Busse	
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. -----	
17. INFORMANT Kenneth Busse		Address Rt. #4 Sullivan, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Post partum Hemorrhage DUE TO (b) Vaginal artery laceration (laceration) during delivery. DUE TO (c) ----- Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). total hysterectomy			INTERVAL BETWEEN ONSET AND DEATH 9 hrs.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 -----		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	
21. I attended the deceased from 12/19/58 to 7/27/60 and last saw her/him alive on 7/27/60 Death occurred at 10:00 B m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Doctor or minister) Donald A. Sullivan		22b. ADDRESS Sullivan, Mo	
22c. DATE SIGNED 7/30/60		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE July 30, 1960		23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	
23d. LOCATION (City, town, or county) Sullivan, Mo.		23e. STATE Mo.	
24. FUNERAL DIRECTOR Casey-Lenox		25. DATE RECD. BY LOCAL REG. 7/31/60	
26. REGISTRAR'S SIGNATURE F. B. Schumann		27. DATE SIGNED 7/31/60	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 23 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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *H. M. Lind*

Licensed Embalmer No. 3601

P. O. Address St. Clair

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.