

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-032575

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 156 Primary Registration District No. 200 Registrar's No. 424

STATE FILE NUMBER

FILED AUG 30 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Jasper		a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		c. CITY OR TOWN Joplin	
Length of stay in 1b life		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Joplin General Hospital		d. STREET ADDRESS (If outside, give location) 1611 Jefferson	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First Middle Last PATRICIA ANN BUSICK			Month Day Year August 28, 1963		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-31-62	9. AGE (last birthday)	IF UNDER 1 YEAR IF UNDER 24 HR
				Months Days Hours Min.	
				9 28	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Joplin, Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Fred Busick	13b. MOTHER'S MAIDEN NAME Violet May Martin	14. NAME OF HUSBAND OR WIFE -----
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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. [REDACTED]	17. INFORMANT Address Fred Busick, 1611 Jefferson, Joplin, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		6 days
IMMEDIATE CAUSE (a) Upper Respiratory Infection		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b)		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Congenital Heart Disease Tetralogy of Fallot		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY	Hour a.m. p.m.	Month, Day, Year
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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 **8-23-63** to **8-28-63** and last saw her her alive on **8-28-63**
Death occurred at **2:45 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) G. Martin MD	22b. ADDRESS 708 E 7th Joplin	22c. DATE SIGNED 8/28/63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-31-1963	23c. NAME OF CEMETERY OR CREMATORY Saginaw	23d. LOCATION (City, town, or county) (State) Saginaw, Mo.
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24. FUNERAL DIRECTOR ADDRESS Steve Parker Mortuary, Joplin, Missouri	25. DATE RECD. BY LOCAL REG. 8-28-1963	26. REGISTRAR'S SIGNATURE Dorrie Merriam
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DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

DATE AMENDED

10499
20499
3
4 1
5 0
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7 0
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9475X
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11
12 5-2
13 2-1

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

AS 65007 020

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 Robert A. York

Licensed Embalmer No. 5193

P. O. Address Joplin

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.