

FILED JUN 15 1949

STANDARD CERTIFICATE OF DEATH

State File No. 15605

39  
50  
6

BIRTH NO. 27917-49 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466 Registrar's No. 485

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL, give township) OR TOWN <b>Rural - South Campbell</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>OZARK OSTEOPATHIC HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>1-1307 N. Park</b>	

3. NAME OF DECEASED (Type or Print) <b>David Frances</b>		c. (Last) <b>Bush Jr.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>5 30 49</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>5/29/49</b>		9. AGE (In years last birthday) <b>10</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>David Frances Bush</b>		13b. MOTHER'S MAIDEN NAME <b>Mildred Jo Myers</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Mildred Jo Bush</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity</b>		DUE TO (b) <b>Miscarriage</b>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>Abruptio placentae, cause unknown</b>			
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)				<b>7615</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>None</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **5/29, 1949**, to **5/30/49**, that I last saw the deceased alive on **5/30, 1949**, and that death occurred at **1:10 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Leland G. Witzel</b> (Degree or title)		23b. ADDRESS <b>2012, 700 E. Sunshine Blvd. Mo.</b>		23c. DATE SIGNED <b>5/30/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5/31/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn</b>	
24d. LOCATION (City, town, or county) (State) <b>Springfield, Mo.</b>					

DATE REC'D BY LOCAL REG. <b>5/31/49</b>		REGISTRAR'S SIGNATURE <b>W.S. Handley</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>H.H. Lohmeyer</b> ADDRESS <b>Springfield, Mo.</b>	
---	--	---	--	---	--

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

---

---

**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.

This body was not embalmed.

Signed \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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