

FILED JUN 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22382

State File No.

4538

6249

Registrar's No. 5

BIRTH NO. _____ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY Wayne		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Wayne	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Piedmont		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Piedmont	
d. FULL NAME OF HOSPITAL OR INSTITUTION XXXX		d. STREET ADDRESS XXXXXXXX	

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Catherine	c. (Last) Bush	4. DATE OF DEATH (Month) (Day) (Year) May 14 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 12, 1860	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months 7	IF UNDER 1 YEAR Days 2	IF UNDER 24 HRS. Hours 	Min.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) house work		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (State or foreign country) Bloomington Ind/		12. CITIZEN OF WHAT COUNTRY? U. S. A.		

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Jack M. Bush
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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. No	17. INFORMANT'S SIGNATURE OR NAME Frank Bush	ADDRESS Piedmont
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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) Angina pectoris	ANTECEDENT CAUSES Cerebral hemorrhage		3 months
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			10 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			331X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 49** to **May 14/49**, that I last saw the deceased alive on **2, 1949**, and that death occurred at **2:15 am**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS Piedmont Mo	23c. DATE SIGNED 5-20-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 17, 1949	24c. NAME OF CEMETERY OR CREMATORY Masonic	24d. LOCATION (City, town, or county) (State) Piedmont Missouri
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DATE REC'D BY LOCAL REG June 12, 1949	REGISTRAR'S SIGNATURE Suzie E. Piles	25. FUNERAL DIRECTOR'S SIGNATURE Norman W. Gish	ADDRESS Piedmont, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

JUN 12 1942

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 _____

Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Marvin E. Powell

Licensed Embalmer No. 4426

P. O. Address Piedmont, 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 this body is not embalmed, fact should be so stated above.