

S. No. 300
V. 10.48

FILED DEC 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41387

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 371

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. LENGTH OF STAY (in this place) <u>6 weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		1011 70 10 4
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, 1209 S. Hocker</u>			d. STREET ADDRESS (If rural, give location) <u>1209 S. Hocker</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nathan</u> b. (Middle) <u>J.</u> c. (Last) <u>Bush</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 3, 1949</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Apr. 3, 1866</u>		9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self employed</u>	11. BIRTHPLACE (State or foreign country) <u>Sterling, Ills.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Henry Bush</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bressler</u>		14. NAME OF HUSBAND OR WIFE <u>Cora A. Bush, (deceased)</u>	
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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) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Phebe C. Johnson, Independence, Mo.</u>		
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac decompensation & marked enlargement</u>	DUE TO (b) <u>Dilated Myocardium</u>				<u>Oct</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>age -</u>					<u>1924</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Independence, Jackson Mo.</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Oct. 25, 1949 to Dec 3, 1949, that I last saw the deceased alive on Dec 3, 1949, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas. McKinn Jr. M.D.</u>		23b. ADDRESS <u>Independence Mo.</u>		23c. DATE SIGNED <u>Dec 3, 1949</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>12-6-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SUNSET HELL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>Warrensburg, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Dec. 5, 1949</u>	REGISTRAR'S SIGNATURE <u>Miss J. [Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. C. Carson Independence, Mo.</u>	
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DEC 16 RECD

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
Student Embalmer

Signed *John M. Heisler* _____

Licensed Embalmer No. *4704* _____

P. O. Address *Independence, Mo.* _____

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.