

No. 300  
10-48

FILED MAR 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7891**

0140

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

BIRTH NO.		REG. DIST. NO. <b>47</b>		PRIMARY REG. DIST. NO. <b>5157</b>		Registrar's No. <b>82</b>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <b>Callaway</b>		b. CITY (If outside corporate limits, write RURAL and give township) <b>Portland Mo R # D</b>		a. STATE <b>Mo</b>		b. COUNTY <b>Callaway</b>	
c. LENGTH OF STAY (in this place) <b>42</b>		c. CITY OR TOWN <b>Rural Ayrvasse Twp</b>		d. STREET ADDRESS (If not give location) <b>Portland R # 1 5140</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Ayrvasse Twp.</b>				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Tombs</b>		b. (Middle)		c. (Last) <b>Bush</b>	
4. DATE OF DEATH		(Month) <b>3</b>		(Day) <b>10</b>		(Year) <b>1950</b>	
5. SEX <b>MO</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan-31-1889</b>		9. AGE (In years last birthday) <b>61</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Dixie Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S</b>	
13a. FATHER'S NAME <b>Welding M Bush</b>		13b. MOTHER'S MAIDEN NAME <b>Ada M Bryant</b>		14. NAME OF HUSBAND OR WIFE <b>Nora Mary Bush</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Nora Mary Bush</b>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				ADDRESS <b>Portland Mo.</b>	
Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Creeping Paralysis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>10 years</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Excessive alcohol use</b>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>3560</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 WORK <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 <b>Feb 3</b> , 19 <b>50</b> , to <b>March</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>3-1</b> , 19 <b>50</b> , and that death occurred at <b>10 P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>W O Payne</b>				(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>R # 6 Fulton</b>	
23c. DATE SIGNED <b>3/11/1950</b>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Mar-14-1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Portland Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Portland Mo</b>	
DATE REC'D BY LOCAL REG. <b>Mar-14-1950</b>		REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b>		426		25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter Baker</b>	
						ADDRESS <b>Ames Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

District File Number  
District Health Officer No. 9  
MAR 20 1950  
RECEIVED

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

*O B Baker*

Licensed Embalmer No. *3375*

P. O. Address *Amiens 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.