

FILED DEC 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38345**
Registrar's No. **8960**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 38345		Registrar's No. 8960	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give town) St Louis		c. LENGTH OF STAY (in this place) 8 mo		c. CITY (If outside corporate limits, write RURAL and give township) Eureka		4000			
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hosp				d. STREET ADDRESS (If rural, give location) 1					
3. NAME OF DECEASED (Type or Print) a. (First) Nellie b. (Middle) F c. (Last) Bush Bush			4. DATE OF DEATH (Month) (Day) (Year) 10-20-1950						
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Dec 10-1893		9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-worsh			10b. KIND OF BUSINESS OR INDUSTRY AT Home		11. BIRTHPLACE (State or foreign country) Okla		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Joseph Keene			13b. MOTHER'S MAIDEN NAME Anna Rosewell		14. NAME OF HUSBAND OR WIFE Glendon Bush				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mrs Frances Blanes ADDRESS Blanes					
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of colon with metastases ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) metastases DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. incomplete bowel obstruction						INTERVAL BETWEEN ONSET AND DEATH 4 mos.		
19a. DATE OF OPERATION 2/21/50	19b. MAJOR FINDINGS OF OPERATION carcinoma of sigmoid with metastases to liver						20. AUTOPSY? YES <input checked="" 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) _____		21f. HOW DID INJURY OCCUR? 152X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
22. I hereby certify that I attended the deceased from 2/13 , 19 50 , to 10/20 , 19 50 , that I last saw the deceased alive on 10/20 , 19 50 , and that death occurred at 4 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Francis J. Burns				23b. ADDRESS 4660 Maryland			23c. DATE SIGNED 10-21-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10-23-50	24c. NAME OF CEMETERY OR CREMATORY Pacific Cem		24d. LOCATION (City, town, or county) (State) Pacific Mo					
DATE REC'D BY LOCAL REG. OCT 23 1950		REGISTRAR'S SIGNATURE J. B. Duran		25. FUNERAL DIRECTOR'S SIGNATURE: Rowland Mortuary Service Inc. ADDRESS _____					

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

JUL 17 1961

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 _____

Licensed Embalmer No. 4050

P. O. Address 15th St

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.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 38345-50

8960

State of _____ } ss.

County of _____ }

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. _____

On this _____ day of _____, 195____, before me appears _____

_____, who, upon _____ oath, states that the original record of birth of **Nellie Busch** death for _____, ^{died} ~~born~~ **10-20-1950**, 19____, in the State of

Missouri, and which was filed at _____ on _____ 19____, should be corrected as follows:

Item No. **2** should read **Nellie Busch**

Instead of _____ **Nellie Busch**

Item No. **14** should read **Gordian Busch**

Instead of _____ **Bush**

Item No. **13a** should read **Joshua Keence**

Instead of _____

Item No. **17** should read **Mrs. Frances Blomes- 3442 Iowa**

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant **Francis Blomes Inf.**

Relationship.

3442 Iowa

Present Address.

Subscribed and sworn to before me this **1** day of **March**, 195**4**

My Commission expires **3-4-57** _____ Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.