

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15612**

FILED JUN 9 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 583

0117
2

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

1. PLACE OF DEATH a. COUNTY <u>Bushanan.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Holt.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	c. LENGTH OF STAY (In this place) <u>8 m - 28 d</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farbes.</u> <u>0440</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 2.</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	

3. NAME OF DECEASED (Type or Print) <u>EUGENE</u>	a. (First)	b. (Middle)	c. (Last) <u>BUSH</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 29 1952</u>
---	------------	-------------	-----------------------	--

5. SEX <u>Male.</u>	6. COLOR OR RACE <u>white.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single, 1</u>	8. DATE OF BIRTH <u>9-?-1876.</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>?</u> Days <u>?</u>	IF UNDER 24 HRS. Hours <u>?</u> Min.
---------------------	--------------------------------	---	-----------------------------------	---	---	--------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common laborer.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Common laborer.</u>	11. BIRTHPLACE (State or foreign country) <u>Farbes, Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
--	--	--	--

13a. FATHER'S NAME <u>Unknown.</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown.</u>	14. NAME OF HUSBAND OR WIFE <u>/</u>
------------------------------------	---	--------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	(If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>H. H. Hall - Farbes - Missouri</u>	ADDRESS <u>H. H. Hall - Farbes - Missouri</u>
--	---	--------------------------------------	---	---

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		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Psychosis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 9-1-, 1951, to 5-29-, 1952, that I last saw the deceased alive on 5-29-, 1952, and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harriet Thomas.</u>	(Degree or title) <u>M. D.</u>	23b. ADDRESS <u>State Hospital No. 2, St. Joseph, Mo.</u>	23c. DATE SIGNED <u>5-29-1952</u>
---------------------------------------	--------------------------------	---	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-1-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oregon</u>	24d. LOCATION (City, town, or county) (State) <u>Oregon Mo.</u>
---	-------------------------	--	---

DATE REC'D BY LOCAL REG. <u>JUNE 6, 1952</u>	REGISTRAR'S SIGNATURE <u>Carl R. Carter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Pettigrew</u>	ADDRESS <u>Oregon Mo.</u>
--	---	--	---------------------------

Pettijohn
Oregon, MO

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.

Signed James H Pettijohn
Licensed Embalmer No. 3192
P. O. Address Oregon Mo.

Signed _____
Student Embalmer

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.