

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34219**

FILED OCT 20 1952

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1092**

0117

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (In this place) 23 yrs.		d. STREET ADDRESS (If rural, give location) 3010 Miller Ave,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3010 Miller Ave.			

3. NAME OF DECEASED (Type or Print) a. (First) Herman	b. (Middle) Judson	c. (Last) Bushnell	4. DATE OF DEATH (Month) (Day) (Year) October 12, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH November 15, 1864	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Cattle Rancher	10b. KIND OF BUSINESS OR INDUSTRY same	11. BIRTHPLACE (State or foreign country) Baltic, Conn.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Caroline C. Bushnell
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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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Caroline C. Bushnell	ADDRESS St. Joseph, Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 Month
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA Bladder		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Carcinoma Prostate		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 177X	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **July 14, 1951**, to **Oct 12, 1952**, that I last saw the deceased alive on **Oct 12, 1952**, and that death occurred at **7:00A m.**, from the causes and on the date stated above.

23a. SIGNATURE Wen W. Traug	(Degree or title) MD	23b. ADDRESS 520 Francis & St. Joseph Mo	23c. DATE SIGNED Oct 13-1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Intombment	24b. DATE October 15, 1952	24c. NAME OF CEMETERY OR CREMATORY Ashland Mausoleum	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.
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DATE REC'D BY LOCAL REG. Oct 16, 1952	REGISTRAR'S SIGNATURE Carl C. Cawyo	25. FUNERAL DIRECTOR'S SIGNATURE Walter Muehoffer	ADDRESS St. Joseph, Mo
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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 _____

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Student Embalmer No. _____

working under my personal supervision.

Signed

E. W. Harrington

Licensed Embalmer No. 3258 Missouri.

Signed _____
Student Embalmer

P. O. Address St. Joseph, 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.