

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **38563**
 Registrar's No. **4988**

FILED DEC 6 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 30 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Atchison	
		d. STREET ADDRESS 411 No. 11th St.	

3. NAME OF DECEASED (Type or Print)	a. (First) EVELYN	b. (Middle)	c. (Last) BUSH	4. DATE OF DEATH (Month) (Day) (Year)
				Nov. 13, 1952

5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 17, 1910	9. AGE (In years last birthday) 42	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) At home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Herbert Peterson	13b. MOTHER'S MAIDEN NAME Dott Carter	14. NAME OF HUSBAND OR WIFE Louis C. Bush
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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 Mr. Louis C. Bush, Atchison, Kansas	ADDRESS
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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, asthma, 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) Carcinoma breast		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) metastases generalized DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			170x

19a. DATE OF OPERATION 1950	19b. MAJOR FINDINGS OF OPERATION medullary Carcinoma of breast	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 building, etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1950, 1950, to Nov 13, 1952, that I last saw the deceased alive on Nov 13, 1952 and that death occurred at 4 P. m., from the causes and on the date stated above.

22a. SIGNATURE Vincent T. Williams (Degree or title) MD	22b. ADDRESS 836 Maple Blk -	22c. DATE SIGNED Nov 14 1952
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11/13/52	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) Atchison, Kansas
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DATE REC'D BY LOCAL REG. 11-15-52	REGISTRAR'S SIGNATURE Sheraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE	ADDRESS Kansas City, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. U. T. Williams
Orange City (836)
0
U. 9581

12'30 - 2'50

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 Eugene Kannon

Licensed Embalmer No. 4633

P. O. Address Orange City Fla

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.