

STANDARD CERTIFICATE OF DEATH

Dr. Clayton E. L.

Medical certificate 33211  
FEMA DEC 22 1952

State File No. ....

BIRTH NO. ... REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1122

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Douglas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ava (Rural)</u>	
c. LENGTH OF STAY (in days) <u>1 1/2 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>0340</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>O'Neil</u> c. (Last) <u>Bush</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-15-1952</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>12-11-52</u>		9. AGE (In years last birthday) <u>---</u> Months <u>---</u> Days <u>5</u> Hours <u>---</u> Min. <u>---</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>---</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>		11. BIRTHPLACE (State or foreign country) <u>Ava (Rural) Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Jack Bush</u>		13b. MOTHER'S MAIDEN NAME <u>Johney May Beard</u>		14. NAME OF HUSBAND OR WIFE <u>---</u>	
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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>---</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jack Bush - Ava, Mo.</u> ADDRESS <u>---</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>---</u>		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peritonitis, Generalized</u>		II. OTHER SIGNIFICANT CONDITIONS <u>none</u>			<u>4 days</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Gastric Ulcer - perforated</u>			<u>4 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Dehydration - Acidosis</u>			<u>2 days</u>	
Conditions contributing to the death but not related to the disease or condition causing death.						

19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>---</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>---</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>---</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>5401</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>---</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>---</u>	
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22. I hereby certify that I attended the deceased from 12/15/1952 to 12/15/1952, that I last saw the deceased alive on 12/15/1952, and that death occurred at 5:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edgar L. Clayton, M.D.</u>		23b. ADDRESS <u>Med Arts - Springfield</u>		23c. DATE SIGNED <u>12/17/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-16-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Labor</u>	
24d. LOCATION (City, town, or county) (State) <u>Ava, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>12-18-52</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Deputy Registrar</u> ADDRESS <u>Clinkingbeard Funeral Home, Ava, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Ava, 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.