S. No. 300
v. 10.48

0540
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31126

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5640 Registrar's No. 69

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Alma, (Rural) Davis Twp
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ernest, Henry,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Alma, (Rural) Davis Twp
d. STREET ADDRESS (If rural, give location): 0540

3. NAME OF DECEASED (Type or Print): a. (First) Ernest b. (Middle) Henry, c. (Last) Bushman
4. DATE OF DEATH: (Month) 9 (Day) 16 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11-8-1873
9. AGE (In years last birthday): 80 If under 1 year: Months 10 Days 8 If under 1 day: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Dearborn County, Indiana
12. CITIZEN OF WHAT COUNTRY: U. S.
13a. FATHER'S NAME: Charles Bushman
13b. MOTHER'S MAIDEN NAME: Ella Stegemiller
14. NAME OF HUSBAND OR WIFE: Anna Bushman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Ernest Bushman, Jr. ADDRESS: Alma, Missou

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c).

"This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerrebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 9/8/54

ANTECEDENT CAUSES: *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) cardio vascular renal disease — 9/16/54

DUE TO (c) Feb. 1951 — 9/16/54

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: 442X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 51, *to* 9/18, 54, *that I last saw the deceased alive on* 9/15, 54, *and that death occurred at* 12:38 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: George A Kelley MD (Degree or title)
23b. ADDRESS: Waverly Mo
23c. DATE SIGNED: 9-18-54
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 18, 1954
24c. NAME OF CEMETERY OR CREMATORY: Trinity Lutheran
24d. LOCATION (City, town, or county) (State): Alma, Lafayette, Missouri
DATE REC'D BY LOCAL REG.: Sept 18-1954
REGISTRAR'S SIGNATURE: Clayton H Landrum
25. FUNERAL DIRECTOR'S SIGNATURE: Alfred H. Brenner ADDRESS: Alma, Mo.

(Licensed Embalmer's Statement on Reverse Side)

NOV 23 1954

AUG 15 1958

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 Alfred H. Bremer

Licensed Embalmer No. 2696.

P. O. Address Alma, 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.