

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 174

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>California</u> b. COUNTY <u>Napa</u>	
b. CITY OR TOWN <u>Nevada</u> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>Napa</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>30 days</u>		e. STREET ADDRESS (If rural, give location) <u>2141 Kathleen Drive</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Pauline</u> b. (Middle) <u>Hettie</u> c. (Last) <u>Bush</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>9 15 1954</u>		5. SEX <u>Female</u> 6. COLORS OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>8-21-1916</u>	
9. AGE (In years last birthday) <u>38</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Housewife</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Springfield, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J. E. Sladden</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Harrison</u>	
14. NAME OF HUSBAND OR WIFE <u>William C. Bush</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (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>William C. Bush</u> ADDRESS <u>2141 Kathleen Drive</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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Confluent Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>fracture of pelvis</u>		1 month	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public Highway</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>020 Cedar MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 19 1954 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Automobile accident</u>			
22. I hereby certify that I attended the deceased from <u>Aug 19, 1954</u> , to <u>Sept 15, 1954</u> , that I last saw the deceased alive on <u>Sept 15, 1954</u> , and that death occurred at <u>3:15 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) <u>Pauline Hettie Bush</u>		23b. ADDRESS <u>Nevada 400</u>	
23c. DATE SIGNED <u>9/15/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9-15-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Local Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>	
DATE REC'D BY LOCAL REG <u>9-16-'54</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman A. Lodmeyer</u>		ADDRESS <u>Springfield Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 48  
108

JAN 4 1956

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. 502 working under my personal supervision..

Student Francis C. Marsh  
Signature of Student Embalmer

Signed Lucy F. Melstein  
Licensed Embalmer No. 480  
P. O. Address Nevada, T.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.