No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr Bohnsack

State File No. 37946

5687

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3032 Registrar's No. 459

0580

1. PLACE OF DEATH
a. COUNTY Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Bfld Twns
c. LENGTH OF STAY (in this place) 40 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Bfld Twns 0580
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) ALTOMONT c. (Last) BUSSARD

4. DATE OF DEATH (Month) (Day) (Year) Dec-4-1954

5. SEX M O
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug-25-1888
9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months 3 Days 9 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Reading Ill 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John S. Bussard
13b. MOTHER'S MAIDEN NAME Lillian A. Roberts
14. NAME OF HUSBAND OR WIFE Bessie Bussard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME Bessie Bussard ADDRESS Brookfield Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Wide-spread metastasis of
DUE TO (c) Adenocarcinoma of Prostate

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 9-10-54
19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma of Prostate 177X
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* 10-1, 1948, *to* 12/4, 1954, *that I last saw the deceased alive on* 12/4, 1954, *and that death occurred at* 6:10 *m., from the causes and on the date stated above.*

23a. SIGNATURE R. W. Bohnsack (Degree or title) M.D.
23b. ADDRESS 21 Linn Brookfield Mo
23c. DATE SIGNED 12/6/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-7-54
24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cem.
24d. LOCATION (City, town, or county) Brookfield (State) Mo.

DATE REC'D BY LOCAL REG. 12-7-54
REGISTRAR'S SIGNATURE Nadine Stambach Dyer 167
25. FUNERAL DIRECTOR'S SIGNATURE W. Blacklock ADDRESS Brookfield Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 J. R. Blacklock

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.