No. 300
10.48

FILED MAR 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6966

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 36II5 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richland Twp.
c. LENGTH OF STAY (in this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6 miles N. of Sikeston, on U. S. 61 Hwy

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston
d. STREET ADDRESS (If rural, give location): 1003 Washington Ave

3. NAME OF DECEASED (Type or Print): a. (First) WILLIE b. (Middle) M. c. (Last) BUSH

4. DATE OF DEATH (Month) (Day) (Year): Feb. 16, 1955

5. SEX: M

6. COLOR OR RACE: Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 10, 1890

9. AGE (In years last birthday): 64 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Azu City, Mississippi

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: No Record

13b. MOTHER'S MAIDEN NAME: No Record

14. NAME OF HUSBAND OR WIFE: Lucille Bush

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: No.

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Lucille Bush, Sikeston, 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) Severe crushing injury Abdomen, Almost Separating lower portion of body from upper portion — INTERVAL BETWEEN ONSET AND DEATH: 0

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.

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19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

1.00

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): H.S. H'wy 61

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Scott Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb. 16, '55 3:30 a.M.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Struck by truck while walking on Highway in rain - Coroner's Inquest

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 3:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Thelma C. Buchthorpe, M.D. Health Officer

23b. ADDRESS: Benton Mo

23c. DATE SIGNED: 2-19-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 16, 1955

24c. NAME OF CEMETERY OR CREMATORY: Sunset Cemetery

24d. LOCATION (City, town, or county) (State): Sikeston, Mo.

DATE REC'D BY LOCAL REG.: 2-24-55

REGISTRAR'S SIGNATURE: Mrs Ella Hunter 429

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Russell C. Nunnelee Nunnelee Funeral Chapel, Sikeston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED FEB 28 1955

SCOTT CO. HEALTH DEPT.

CO. FILE No. 255-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was NOT embalmed by me, or by BODY NOT EMBALMED, Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Edward E. [illegible]

Licensed Embalmer No. 4164

P. O. Address Box ~~[illegible]~~ 453, Sikeston, 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.