No. 300
10.48

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

FILED AUG 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26592

BIRTH NO. _____ REG. DIST. NO. 196 PRIMARY REG. DIST. NO. 3026 Registrar's No. 297

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Independence
c. LENGTH OF STAY (in this place) 65yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) DOA Indep San. & Hospt.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Mo.
b. COUNTY Jackson
c. CITY OR TOWN Independ nce
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 310 N Delaware

3. NAME OF DECEASED (Type or Print)
a. (First) POINDEXTER
b. (Middle) D.
c. (Last) BUSH

4. DATE OF DEATH (Month) Aug (Day) 6 (Year) 55

5. SEX Male

6. COLOR OR RACE White

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

8. DATE OF BIRTH May 31 1877

9. AGE (In years on last birthday) 78 78 — If under 1 year: Months ___ Days ___ — If under 1 hr.: Hours ___ Min. ___

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

10b. KIND OF BUSINESS OR INDUSTRY Bell Telephone Co.

11. BIRTHPLACE (City and State or Foreign Country) Mt Sterling Kty.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wm. Bush

13b. MOTHER'S MAIDEN NAME Susan —?—

14. NAME OF HUSBAND OR WIFE Pearl Bush

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. 490 09 1019

17. INFORMANT'S SIGNATURE OR NAME Pearl Bush
ADDRESS Indep Mp.

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) acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) coronary arteriosclerosis — years
DUE TO (c) H 201

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

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION —

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* April, 1955, *to* Aug 6, 1955, *that I last saw the deceased alive on* Aug 1, 1955, *and that death occurred at* 9:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Vance E. Link, M.D. (Degree or title)
23b. ADDRESS Independence, Missouri
23c. DATE SIGNED 8/9/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug 9 55
24c. NAME OF CEMETERY OR CREMATORY Woodlawn
24d. LOCATION (City, town, or county) Independence (State) Mo.

DATE REC'D BY LOCAL REG. 8-9-55
REGISTRAR'S SIGNATURE [illegible]

25. FUNERAL DIRECTOR'S SIGNATURE Ott & Mitchell
ADDRESS Indep. Mo.

(Licensed Embalmer Statement on Reverse Side)

AUG 2

NOV 22 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jason T. White

Licensed Embalmer No. 492.

P. O. Address Ind.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.