

FILED JAN 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 504

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY Cape Girardeau			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Gir.			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. LENGTH OF STAY (in this place) life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		164	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 527 Olive St.			d. STREET ADDRESS (If rural, give location) 527 Olive St.			
3. NAME OF DECEASED (Type or Print) Luther		a. (First)	b. (Middle)	c. (Last) Bush	4. DATE OF DEATH (Month) (Day) (Year) January 5, 1956	
5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 1, 1875	9. AGE (In years last birthday) 80	10. IF UNDER 1 YEAR Months 7	
					11. IF UNDER 24 HRS. Days 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (State or foreign country) Cape Girardeau, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Owen Bush		13b. MOTHER'S MAIDEN NAME Unk.		14. NAME OF HUSBAND OR WIFE Amanda Bush		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 486-18-3940	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Erma Reed, 527 Olive Cape Gir., 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) <u>Carcinoma of prostate</u> ANTECEDENT CAUSES <u>Generalized Metastases</u> 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>Scintigraphy 177X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 year +</u>
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)		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug 1, 1955</u> to <u>Jan 5, 1956</u> , that I last saw the deceased alive on <u>Jan 5, 1956</u> , and that death occurred at <u>8:15 P.M.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>John Crowe</u>		(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Cape Girardeau Mo</u>		23c. DATE SIGNED <u>Jan 5 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 9, 1956	24c. NAME OF CEMETERY OR CREMATORY Fairmont Cemetery	24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.			
DATE REC'D BY LOCAL REG. 1-9-56		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>F. J. Sparker</u> Cape Girardeau, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.