

FILED DEC 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42248

BIRTH NO. REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 127

0731

1. PLACE OF DEATH a. COUNTY NEWTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEOSHO		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN NEOSHO
d. FULL NAME OF HOSPITAL OR INSTITUTION VEERKAMP REST HOME		e. STREET ADDRESS (If rural, give location) 800 WEST ADAM ST.	

3. NAME OF DECEASED (Type or Print)	a. (First) FRANK	b. (Middle) DELOS	c. (Last) BUSH	4. DATE OF DEATH (Month) (Day) (Year) DEC. 24. 1956
--	-------------------------	--------------------------	-----------------------	--

5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 18, 1873	9. AGE (In years if UNDER 1 YEAR; last birthday) Months Days Hours Min. 83
--------------------	-------------------------------	---	---------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (City and State or Foreign Country) HILLSDALE Co. MICHIGAN	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	--	--

13a. FATHER'S NAME ARON BUSH	13b. MOTHER'S MAIDEN NAME EMILY BABCOCK	14. NAME OF HUSBAND OR WIFE JESSIE BUSH
-------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service) NONE	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS HOWARD BUSH. NEOSHO MISSOURI
---	--	-------------------------------------	---

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterial Sclerosis		13. INTERVAL BETWEEN ONSET AND DEATH 13 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertrophy of Heart		
	DUE TO (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) (Min.)	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 **10-19-1956** to **12-24, 1956**, that I last saw the deceased alive on **12-23, 1956** and that death occurred at **12:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. P. C. Davis M.D. (Degree or title)	23b. ADDRESS Neosho Mo	23c. DATE SIGNED 12/24/56
--	-------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 12-24-1956	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) MONTICELIER Ohio
--	-----------------------------	------------------------------------	---

DATE REC'D BY LOCAL REG. 12-24-56	REGISTRAR'S SIGNATURE Melvin C. Bowman	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Orley Thompson Jr. Neosho Mo
--	---	--

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

230

RECEIVED

District Health Officer No. *Newton*

District File Number *1256-222*

Date Filed *DEC 28 1956*

DEC 28 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..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Cooley Thompson, Jr.*
Licensed Embalmer No. *486*
P. O. Address *Neola, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.