t. Health,
, & Welfare
S. Public
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v. 1-57

THE DIVISION OF HEALTH OF MISSOURI

FILED DEC 2 - 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 39222

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1276

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Joseph — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Mo. Meth. Hospt. — Length of stay in Ib 2 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) De Kalb Road — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First Ferdinand Middle Last Bush

4. DATE OF DEATH Month Nov. Day 18 Year 1957

5. SEX Male

6. COLOR OR RACE White

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH July 19, 1878

9. AGE (In years last birthday) 79 — 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) Fruit grower

10b. KIND OF BUSINESS OR INDUSTRY Agriculture

11. BIRTHPLACE (City and state or country) Ames, Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Albert Bush

13b. MOTHER'S MAIDEN NAME Ella Daniels

14. NAME OF HUSBAND OR WIFE Leora 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.

17. INFORMANT Leora Bush Address De Kalb Road St. Joseph

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bilateral lobar pneumonia (right upper lobe).
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease with calcific aortic stenosis, enlarged left ventricle, and
DUE TO (c) coronary insufficiency.
INTERVAL BETWEEN ONSET AND DEATH 5 days before hosp. on 11/1/57
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
4260

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 24, 1957, to Nov. 18, 1957 and last saw her/him alive on November 18, 1957
Death occurred at 2:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Caryl A. Fuller, Jr. M.D. (Degree or title)

22b. ADDRESS St. Joseph, Missouri Physicians & Surgeons Bldg.

22c. DATE SIGNED 11/21/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Nov. 20, 57

23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.

23d. LOCATION (City, town, or county) St. Joseph, Mo. (State)

24. FUNERAL DIRECTOR Clark Funeral Home **ADDRESS** St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG. Nov. 25, 1957

26. REGISTRAR'S SIGNATURE Mrs. Robert Fulton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 Paul F. Tolash

Licensed Embalmer No. 5024

P. O. Address St. Joseph, 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.