

pt. Health,
, & Welfare
S. Public
th Service

FILED DEC 6 - 1957

STANDARD CERTIFICATE OF DEATH

40778
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 548

S. 300,
ev. 1-57

1. PLACE OF DEATH a. COUNTY JASPER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JASPER		
b. CITY (If outside corporate limits, give TOWNSHIP only) JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 13TH & SCHIFFER- DECKER STS.		Length of stay in lb 5 YRS	d. STREET-ADDRESS (If outside, give location) 1411 KENTUCKY		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CLARENCE Middle E. Last BUSH			4. DATE OF DEATH Month NOV. Day 24, Year 1957		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG. 19, 1925	9. AGE (In years last birthday) 32	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) SHIPPING CLERK		10b. KIND OF BUSINESS OR INDUSTRY HOWELL BISCUIT CO.		11. BIRTHPLACE (City and state or country) KENSAL, N. D.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME HENRY E. BUSH		13b. MOTHER'S MAIDEN NAME FLORENCE SKILES		14. NAME OF HUSBAND OR WIFE PEARL BUSH	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) YES W.W. II		16. SOCIAL SECURITY NO.		17. INFORMANT Address MRS ARCH HARNAR, 411 W 9TH, JOPLIN, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain Concussion					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) a two car accident			
20c. TIME OF INJURY 9:20 a.m. 11/24/57					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 134 Schifferdecker Ave		20f. CITY, TOWN, OR LOCATION Joplin COUNTY Jasper STATE Mo	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Ernest Carpenter, Prof. Ship			22b. ADDRESS 902 Mo Ave Joplin Mo		22c. DATE SIGNED 11/24/57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12-1-57	23c. NAME OF CEMETERY OR CREMATORY WEBB CITY		23d. LOCATION (City, town, or county) (State) WEBB CITY, MISSOURI
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.			25. DATE RECD. BY LOCAL REG. 11-29-57		26. REGISTRAR'S SIGNATURE Doore Merriam

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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