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FILED DEC 6 - 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

40779
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 551

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) JOPLIN — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) ST. JOHN'S HOSP. — Length of stay in 1b 5 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JASPER
c. CITY OR TOWN JOPLIN — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1411 KENTUCKY AVE. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First PEARL Middle Last BUSH

4. DATE OF DEATH Month Day Year Nov. 29, 1957

5. SEX F
6. COLOR OR RACE W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH JUNE 20, 1928
9. AGE (In years last birthday) 29 — 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) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY OWN HOME
11. BIRTHPLACE (City and state or country) NEOSHO, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME TOM LAWSON
13b. MOTHER'S MAIDEN NAME ANNA WATSON
14. NAME OF HUSBAND OR WIFE 11-24-57 CLARENCE E. BUSH, DEC'D

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 MOTHER- Address MRS. ANNA LAWSON, LAMAR, MISSOURI

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) SHOCK — INTERVAL BETWEEN ONSET AND DEATH 12 hours -
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Ruptured Spleen and Right Adrenal — 4 Days -
DUE TO (c) Trauma of Automobile Accident — 4 Days -
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 [X] NO [ ]

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Automobile Accident
20c. TIME OF INJURY Hour 4:20 a.m. (p.m.) Month, Day, Year Nov 24 1957
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street
20f. CITY, TOWN, OR LOCATION Joplin, Mo. COUNTY Jasper STATE

21. I attended the deceased from 11/24/57, to 11/29/57 and last saw (her) (him) alive on 11/29/57
Death occurred at 12:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Bart F. Woolaridge M.D. (Degree or title)
22b. ADDRESS Joplin Mo
22c. DATE SIGNED 11/29/57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 12-1-57
23c. NAME OF CEMETERY OR CREMATORY WEBB CITY CEMETERY,
23d. LOCATION (City, town, or county) (State) WEBB CITY, MISSOURI

24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.
25. DATE RECD. BY LOCAL REG. 11-29-1957
26. REGISTRAR'S SIGNATURE Dorie Merriam

(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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Jasper County Health Office
County File Number 57-R-925
Date Filed DEC 3 1957

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.