

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 30 1958

State File No. 2732

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 689

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 12 hrs		e. STREET ADDRESS (If rural, give location)		812 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION 24 St. Louis Children's Hospital		3 2 926 Keough Dr.			
3. NAME OF DECEASED a. (First) b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)			
Garry Eugene Bush		1 17 58			
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days Hours Min.
Male	White		1-14-58	3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?	
None	None	Murphysboro, Illinois		U.S.A.	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
Harold Eugene Bush		Mary Hall		Single	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	
No		None		Alice Lowbridge, 500 S. Kingshighway	
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 or pneumonia. It is the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
		Congenital heart - incompletely diagnosed		-	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
		left pulmonary atelectasis			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 1-16, 1958, to 1-17, 1958, that I last saw the deceased alive on 1-17, 1958, and that death occurred at 12:55 A.M., from the causes and on the date stated above.					
23a. SIGNATURE Don L. Thompson		23b. ADDRESS 500 S. Kingshighway		23c. DATE SIGNED 1-17-58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-17-58		24c. NAME OF CEMETERY OR CREMATORY Carbondale, Ill.	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 1700 Washington Blvd.	
DATE REC'D BY LOCAL REG. JAN 20 58		REGISTRAR'S SIGNATURE Earl Smith MD			

WRITE PLAINLY—USING UNFADING 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.....
Signature of Student Embalmer

Signed *John J. Haine*.....
Licensed Embalmer No. *4108*.....
P. O. Address *Shaw*.....

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.