

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027994  
STATE FILE NUMBER

FILED JUL 24 1958

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 109

5. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Washington Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Nevada Rural</b> <sup>1080</sup>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Route # I Nevada, Mo. 76 Yrs.</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>R.F.D.No.I</b>
3. NAME OF DECEASED (Type or print) First <b>George</b> Middle <b>A.</b> Last <b>Bush</b>		4. DATE OF DEATH Month <b>July</b> Day <b>17</b> Year <b>1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 19, 1882</b>
9. AGE (In years last birthday) <b>76</b>		IF UNDER 1 YEAR Months <b>2</b> Day <b>28</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Vernon County Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>T.D. Bush</b>	
13b. MOTHER'S MAIDEN NAME <b>Sarah Logan</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Lulu Bush, (wife)</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>492-42-8746</b>	17. INFORMANT Address <b>R.F.D.No.I</b> <b>Mrs. Lulu Bush, Wife Nevada, Missouri</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/>			331X
DUE TO (c) <input checked="" type="checkbox"/>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>age</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <b>no no no</b>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>No injury.</b>	
20c. TIME OF INJURY Hour <b></b> Month <b></b> Day <b></b> Year <b></b> p.m. <b></b>		20d. INJURY OCCURRED WHILE AT <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.) <b>Nevada</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Vernon Mo.</b>	
21: I attended the deceased from <b>June 1958</b> to <b>July 17/58</b> and last saw her alive on <b>July 16-58</b> Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>W. E. Love</b> (Degree or title)		22b. ADDRESS <b>Nevada, Mo</b>	
22c. DATE SIGNED <b>7/18/58</b>		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7-19-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Antioch Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Near Nevada, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>Hays Funeral Service, Inc.</b> <b>Nevada, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>7-23-1958</b>	26. REGISTRAR'S SIGNATURE <b>Anna E. Ferry</b>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUL 25 1958

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 *Allen H. Hays* .....

Licensed Embalmer No. *1968* .....

P. O. Address *Nevada, 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.