

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043070

STATE FILE NUMBER  
6225 Registrar's No. 165

FILED NOV 25 1958

Registration District No. 360 Primary Registration District No. 6225

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1-57

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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|  |                              |   |  |  |  |   |  |
|--|------------------------------|---|--|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Wernon</u>   |                              |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |  |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Washington TWP.</u>  |                              |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>         | c. CITY OR TOWN<br><u>Panama City 3206</u>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>State Hosp. #3 Nevada, Mo</u>  |                              |   | Length of stay in hospital <u>12-20-1940 to 11-13-1958</u>                                   | d. STREET ADDRESS (If outside, give location)<br><u>1019 Muller</u>  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>             |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Charles</u> Middle <u>Bush</u> Last <u>Bush</u>  |                              |   |  | 4. DATE OF DEATH<br>Month <u>11</u> Day <u>13</u> Year <u>1958</u>   |  |   |  |
| 5. SEX<br><u>M</u>   | 6. COLOR OR RACE<br><u>W</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Mar 27, 1887</u>  |  | 9. AGE (In years last birthday)<br><u>71</u>                               | IF UNDER 1 YEAR<br>Months <u></u> Days <u></u>  | IF UNDER 24 HRS.<br>Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Teamster</u>   |                              |   | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (City and state or country)<br><u>Monroe County, Mo</u>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA.</u>   |  |
| 13a. FATHER'S NAME<br><u>Willis Bush</u>   |                              |   | 13b. MOTHER'S MAIDEN NAME<br><u>Eve Colter</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Single</u>                               |   |  |
| 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.<br><u>none</u>   | 17. INFORMANT<br><u>John Bush</u> Address <u>1019 Muller Kansas City, Mo</u>   |  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Anterior sclerosis</u>   |                              |   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>unknown</u>  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)   |                              |   |  |  |  |   |  |
| DUE TO (c) <u>4500B</u>  |                              |   |  |  |  |   |  |
| PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Cardiovascular syphilitic</u>  |                              |   |  |  |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 20a. ACCIDENT <input 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.) |  |  |   |  |
| 20c. TIME OF INJURY<br>Hour <u></u> Month, Day, Year <u></u><br>a.m. <u></u> p.m. <u></u>  |                              |   |  |  |  |   |  |
| 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.)  | 20f. CITY, TOWN, OR LOCATION   |  | COUNTY   | STATE   |  |
| 21. I attended the deceased from <u>1-1-1958</u> to <u>11-13-1958</u> and last saw her/him alive on <u>11-13-1958</u><br>Death occurred at <u>St. Hosp #3 Nevada Mo at 12:40 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated. |                              |   |  |  |  |   |  |
| 22a. SIGNATURE (Degree or title)<br><u>Earl F. Morris M.D.</u>   |                              |   |  | 22b. ADDRESS<br><u>Nevada, Mo</u>  |  | 22c. DATE SIGNED<br><u>11-13-58</u>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Anatomical</u>   |                              | 23b. DATE<br><u>11-14-1958</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Anatomical-Washington U.</u>                        |  | 23d. LOCATION (City, town, or county) (State)<br><u>St. Louis Missouri</u> |   |  |
| 24. FUNERAL DIRECTOR<br><u>Ferry Funeral Home</u> ADDRESS <u>Nevada, Missouri</u>  |                              |   | 25. DATE RECD. BY LOCAL REG.<br><u>11-17-1958</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Anna S. Jerry</u>  |  |   |  |

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 *L. Douglas Ferry* .....

Licensed Embalmer No. *4960* .....

P. O. Address. *Waukegan, Ill.*

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.