

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-001227

STATE FILE NUMBER

65

JAN 21 1958

Registration District No. \_\_\_\_\_

149

Primary Registration District No. \_\_\_\_\_

1002

Registration No. \_\_\_\_\_

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-57

|  |                               |   |  |
|--|-------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>                  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>  |                               | c. CITY OR TOWN <b>Kansas City</b>  |  |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                               | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Joseph's Hosp</b>  |                               | d. STREET ADDRESS (If outside, give location) <b>1019 Fuller</b>  |  |
| Length of stay in lb <b>75 yrs</b>   |                               | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>JOHN</b> Middle <b>T</b> Last <b>BUSH</b>  |                               |   | 4. DATE OF DEATH<br>Month <b>January</b> Day <b>6</b> Year <b>1959</b> |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <b>June 15 1880</b>                                   |
| 9. AGE (In years last birthday) <b>78</b>  |                               | IF UNDER 1 YEAR<br>Months _____ Days _____  | IF UNDER 24 HRS.<br>Hours _____ Min. _____                             |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Foreman</b>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>Swift Packing</b>  | 11. BIRTHPLACE (City and state or country) <b>Stoutsville Missouri</b> |
| 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>  |                               | 13a. FATHER'S NAME <b>Willes Bush</b>   |  |
| 13b. MOTHER'S MAIDEN NAME <b>Eva Coulter</b>   |                               | 14. NAME OF HUSBAND OR WIFE <b>Daisy Allen 1019 Fuller</b>  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>  |                               | 16. SOCIAL SECURITY NO. <b>510-05-9247</b>  |  |
| 17. INFORMANT <b>Mrs Daisy Bush 1019 Fuller K C Mo</b>   |                               | Address _____   |  |
| 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) <b>Pneumonia</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Carcinoma Esophagus</b><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ |                               |   | INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>                         |
| 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 _____ a.m. _____ p.m.  |                               | 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 <b>1-24-58</b> to <b>1-6-59</b> and last saw him alive on <b>1-5-59</b><br>Death occurred at <b>4:50 Am</b> m on the date stated above; and to the best of my knowledge, from the causes stated.  |                               |   |  |
| 22a. SIGNATURE (Degree or title) <b>J. M. Haight M.D.</b>  |                               | 22b. ADDRESS <b>3401 E 12th KC Mo</b>   |  |
| 22c. DATE SIGNED <b>1-6-59</b>   |                               | 22d. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  |                               | 23b. DATE <b>1/8/59</b>   |  |
| 23c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills Cemetery</b>  |                               | 23d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>   |  |
| 24. FUNERAL DIRECTOR <b>Sheil Funeral Home Kansas City Mo</b>  |                               | 25. DATE RECD. BY LOCAL REG. <b>1-6-59</b>  |  |
| 26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>   |                               |   |  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

J. M. Haight

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 *Richard E. Carroll* .....

Licensed Embalmer No. *4829* .....  
P. O. Address *KE SMO* .....

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.