

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029807

FILED VS SEP 8 1959

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY Marion | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Warren TOWNSHIP | Length of stay in 1b 40 yrs. | c. CITY OR TOWN Monroe City R.R.#3 | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Monroe City R.R.#3 | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Warren Township |
| | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Middle Last James Sterling Bush | | | 4. DATE OF DEATH Month Day Year August 8, 1959 | | |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 6/3/1977 | 9. AGE (last birthday) 82 | IF UNDER 1 YEAR Months 2 Days 3 | IF UNDER 24 HR Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Agriculture | 11. BIRTHPLACE (City and state or country) Marion Co. Mo. | 12. CITIZEN OF WHAT COUNTRY U.S. |
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| 13a. FATHER'S NAME Alfred Joseph Bush | 13b. MOTHER'S MAIDEN NAME Maria Jane Sterling | 14. NAME OF HUSBAND OR WIFE Neppie L. Bush, Dece. |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT Address Mrs. Wesley Shively Monroe City. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage | | INTERVAL BETWEEN ONSET AND DEATH Two Days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Arterio-Sclerosis | Ten Yrs |
| | DUE TO (c) | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.) |
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| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | 20d. INJURY OCCURRED WHILE AT WORK <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 |
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| 21. I attended the deceased from July 31 1959 to Aug 8 1959 and last saw her/him alive on Aug 6 1959 Death occurred on 7:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Deedee or title) <i>[Signature]</i> | 22b. ADDRESS Monroe City Missouri | 22c. DATE SIGNED 8/10/59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 8/10/1959 | 23c. NAME OF CEMETERY OR CREMATORY Sharpsburg Cemetery | 23d. LOCATION (City, town, or county) (State) Monroe City Missouri R.R.#3 |
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| 24. FUNERAL DIRECTOR ADDRESS Harold Garner Monroe City Mo. | 25. DATE RECD. BY LOCAL REG. 8-11-59 | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> |
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By Viola Geer, Deputy

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Harold D. ...*

Licensed Embalmer No. 3720

P. O. Address Monroe City 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.