RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=60-030199

FILED VS SEP 6 1960

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 893

IDED

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield
Length of stay in 1b: 11 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St John's Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Greene
c. CITY OR TOWN: Springfield
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1313 Pennsylvania
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)
First: ADA Middle: MAE Last: BUSH

4. DATE OF DEATH Month: August Day: 25 Year: 1960

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: July 19, 1888

9. AGE (last birthday): 72

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HR: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (City and state or country): Ottawa, Kansas

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: C. W. Bennett

13b. MOTHER'S MAIDEN NAME: Ola Clark

14. NAME OF HUSBAND OR WIFE: George R. Bush

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: George R. Bush, Springfield, Missouri
Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial failure	9 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Chronic Valvular heart disease	Unknown
DUE TO (c)	Rheumatic fever	

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION: Springfield COUNTY: Greene STATE: Mo.

21. I attended the deceased from Feb. 20, '50, to Aug 25 '60 and last saw her/him alive on Aug. 25, '60

Death occurred at 6:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [illegible] M.D.

22b. ADDRESS: 609 Cherry St.

22c. DATE SIGNED: 26 Aug 60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Aug. 29, 1960

23c. NAME OF CEMETERY OR CREMATORY: East Lawn Cemetery

23d. LOCATION (City, town, or county) (State): Springfield, Missouri

24. FUNERAL DIRECTOR: Jewell E. Windle B.W.
ADDRESS: Jewell E. Windle, Springfield, Mo.

25. DATE RECD. BY LOCAL REG.: 9-2-60

26. REGISTRAR'S SIGNATURE: Effie G. Mellon

(Licensed Embalmer's Statement on Reverse Side)

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Bernard F. Wrig

Signature of Student Embalmer

Licensed Embalmer No._____ 4

P. O. Address Springf

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure t 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.