

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012501

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 233 Primary Registration District No. 4343 Registrar's No. 26

STATE FILE NUMBER

VS 300
Rev. 4/59

10700

20700-

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1290-0

132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) New Florence, Mo		Length of stay in 1b 60 Yrs	c. CITY OR TOWN New Florence, Mo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) Blanche Bush			4. DATE OF DEATH Month Day Year 3-23-1963	
5. SEX F	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 1-1-1879	9. AGE (last birthday) 84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Americus, Mo	12. CITIZEN OF WHAT COUNTRY U S
13a. FATHER'S NAME Thomas M Marlow		13b. MOTHER'S MAIDEN NAME Rosa Darns		14. NAME OF HUSBAND OR WIFE Edward Bush
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.	17. INFORMANT Address Mrs Ruth Hendershott	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) White Pulmonary Edema 9 Days SEROUS CYSTADENOMA OF OVARY DUE TO (b) CARCINOMA OF OVARY DUE TO (c) CARCINOMA OF OVARY Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 8 hrs. ? ?
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

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

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 New Florence, Mo.	COUNTY Montgomery	STATE Mo
21. I attended the deceased from Jan 18, 1963 to March 23, 1963 and last saw her March 23, 1963 alive on March 23, 1963 . Death occurred at 1 A.M. March 23, 1963 on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Joseph M D	(Last name or title)	22b. ADDRESS New Florence, Mo.	22c. DATE SIGNED 3-25-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-25-1963	23c. NAME OF CEMETERY OR CREMATORY New Florence Cemetery	23d. LOCATION (City, town, or county) (State) New Florence Mo
24. FUNERAL DIRECTOR D B Baker New Florence, Mo		25. DATE RECD. BY LOCAL REG. 3/24/63	26. REGISTRAR'S SIGNATURE Laura B Callaway

USE BLACK INK OR TYPEWRITER RIBBON

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 W B Baker

Licensed Embalmer No. 3375

P. O. Address New Florence, 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.