

FILED SEP 19 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **31208**

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. 180

0920
 1

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>St Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural St Charles Mo Twsp</u>		c. LENGTH OF STAY (In this place) <u>2 Months</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Americus Mo</u>		0700	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>545 Broadway</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Willie</u>	b. (Middle) <u>Osborn</u>	c. (Last) <u>Bush</u>	(Month) <u>Sep</u>	(Day) <u>7</u>	(Year) <u>1951</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug-16-1874</u>	9. AGE (In years last birthday) <u>77</u>	10. UNDER 24 HRS. Months <u>0</u> Days <u>21</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming (retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>	11. BIRTHPLACE (State or foreign country) <u>Americus Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>

13a. FATHER'S NAME <u>William Thomas Bush</u>		13b. MOTHER'S MAIDEN NAME <u>Indiana Ward</u>		14. NAME OF HUSBAND OR WIFE <u>Melvina Bush</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alfred G. Bush</u>	
				ADDRESS <u>St. Charles, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 Min.</u>	
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Coronary Embolism</u>		10 Min.	
		ANTECEDENT CAUSES		Sev. Yrs.	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis and endocarditis, Mitral stenosis</u>			
		DUE TO (c) <u>Arteriosclerosis, Senility.</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4201</u>	

22. I hereby certify that I attended the deceased from Nov. 17, 1948, to Sept. 7, 1951 that I last saw the deceased alive on July 2, 1951, and that death occurred at 7:45 m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		(Degree or title) <u>DO</u>		23b. ADDRESS <u>New Florence, Mo.</u>		23c. DATE SIGNED <u>9-8-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sep-9-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bush Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Americus</u>	

DATE REC'D BY LOCAL REG. <u>9-8-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Americus Mo</u>	
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RECEIVED

SEP 17 1951

DISTRICT HEALTH OFFICE NO. 4

File No.

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
Student Embalmer

Signed *D B Baker*

Licensed Embalmer No. *3375*

P. O. Address *Ames 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 this body is not embalmed, fact should be so stated above.