

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13134**

FILED MAY 12 1949

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4322 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Mercer</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mercer</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Princeton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Princeton</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Walter</u>	b. (Middle) <u>M.</u>	c. (Last) <u>Bushfield</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-21-49</u>
-------------------------------------	--------------------------	-----------------------	----------------------------	--

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov 17, 1877</u>	9. AGE (In years) (Last) (Day) (Month) (Year) <u>71</u>	IF UNDER 1 YEAR (Months) (Days)	IF UNDER 1 HR. (Hours) (Min.)
--------------------	-------------------------------	---	--------------------------------------	---	---------------------------------	-------------------------------

10a. USUAL OCCUPATION (Give kind of work - do not include past occupations, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY?
---	-----------------------------------	---	------------------------------

13a. FATHER'S NAME <u>George Bushfield</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ann Truelove</u>	14. NAME OF HUSBAND OR WIFE <u>Alma Bushfield</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If no, give war or dates of service)	16. SOCIAL SECURITY # <u>488-14-7036</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Alma Bushfield</u>	ADDRESS <u>Princeton, Mo</u>
---	--	---	------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		<u>20 Min.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Atherosclerosis</u>		<u>unknown</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>442X</u>

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) <u>Princeton Mercer Mo</u>
--	--	--

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
---	--	---------------------------

22. I hereby certify that I attended the deceased from _____, 19____, to 4-21-49, 19____, that I last saw the deceased alive on 4-21-49, 19____, and that death occurred at 12:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George B. Burtch, M.D.</u>	23b. ADDRESS <u>Princeton, Mo</u>	23c. DATE SIGNED <u>April 29-49</u>
--	-----------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>4-24-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Princeton</u>	24d. LOCATION (City, town, or county) (State) <u>Princeton, Mercer Co., Mo</u>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>4-29-49</u>	REGISTRAR'S SIGNATURE <u>M. J. Ruth</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Noel Moss</u>	ADDRESS <u>Princeton, Mo</u>
---	---	---	------------------------------

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

JUN 9 - 1949

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.

Signed _____

Paul Moore

Signed.....
Student Embalmer

Licensed Embalmer No. 2634

P. O. Address Clinton 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.