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FILED AUG 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28962

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 1.61

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

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshall 0
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fitzgibbon Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malta Bend 0
d. STREET ADDRESS (If rural, give location): — 0

3. NAME OF DECEASED (Type or Print): a. (First) ULYSSES b. (Middle) GRANT c. (Last) BUSH

4. DATE OF DEATH (Month) (Day) (Year): August 8, 1949

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: February 7, 1865
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cafe operator
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Ohio 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Zacharia Bush
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: —

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.: —
17. INFORMANT'S SIGNATURE OR NAME: Mrs Blanche E Hand — ADDRESS: 1411 Dueber St. Canton Ohio

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia - Bronchial

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Uremia -
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 792X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 5, 1949, *to* Aug 8, 1949, *that I last saw the deceased alive on* Aug 8, 1949, *and that death occurred at* 10:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John L Lawrence M.D.
23b. ADDRESS: Marshall Mo
23c. DATE SIGNED: Aug 10-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug-10-1949
24c. NAME OF CEMETERY OR CREMATORY: Malta Bend Cemetery
24d. LOCATION (City, town, or county) (State): Malta Bend Mo

DATE REC'D BY LOCAL REG.: Aug 10-1949
REGISTRAR'S SIGNATURE: Sidney T Gray 0 385
25. FUNERAL DIRECTOR'S SIGNATURE: Harry Hershberger — ADDRESS: Marshall Mo

(Licensed Embalmer's Statement on Reverse Side)

AUG 15

District Health Officer No. 3

District File Number

Date Filed 8-19-49

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 Joseph R. Mackey

Licensed Embalmer No. 4571

P. O. Address Marshall, 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.