U.S. No. 300
Rev. 10-48

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

FILED DEC 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41414

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 376

1. PLACE OF DEATH
a. COUNTY: JACKSON (Blue)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEEDS (Rural)
c. LENGTH OF STAY (In this place): 10 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 44TH + RAYTOWN ROAD

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEEDS Rural (Blue)
d. STREET ADDRESS (If rural, give location): 44TH + RAYTOWN ROAD

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

4. DATE OF DEATH (Month) (Day) (Year): DEC. 4 1949

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ~~DIVORCED~~
8. DATE OF BIRTH: MAY 8, 1891
9. AGE (In years last birthday): 58 — 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): COAL MINER
10b. KIND OF BUSINESS OR INDUSTRY: BOOTH MINE
11. BIRTHPLACE (State or foreign country): MARCELINE, MO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: CHARLES BUSH
13b. MOTHER'S MAIDEN NAME: MARY RINKER
14. NAME OF HUSBAND OR WIFE: —

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.: 487-07-0633
17. INFORMANT'S SIGNATURE OR NAME: Delbert Bush 44th + Raytown Leeds, Mo. — ADDRESS

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) Acute right coronary occlusion

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. pulmonary congestion; congestion of liver

INTERVAL BETWEEN ONSET AND DEATH: 4201

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* Pathologist *19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at ~~4:45~~ A.m., from the causes and on the date stated above.*

23a. SIGNATURE Howard E. Linville (Degree or title): Howard E. Linville, M.D. Pathologist
23b. ADDRESS: Kansas City Mo
23c. DATE SIGNED: 12-49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: DEC. 6, 1949
24c. NAME OF CEMETERY OR CREMATORY: ELMIRA CEMETERY
24d. LOCATION (City, town, or county) (State): ELMIRA, MISSOURI

DATE REC'D BY LOCAL REG.: Dec. 6-1949
REGISTRAR'S SIGNATURE: James L. [illegible] 354
25. FUNERAL DIRECTOR'S SIGNATURE: D. W. Newcomer's Sons — ADDRESS: 1331 Brush Ck. Kan. City, Mo

(Licensed Embalmer's Statement on Reverse Side)

DEC 1 6 RECD

DEC 20 1949

SEP 7 1950

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: Doyle L. Daniel

Licensed Embalmer No. 4702

P. O. Address Como

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.

414149

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AFFIDAVIT

STATE OF KANSAS)
COUNTY OF WYANDOTTE) SS

I, Bertha Bush of 1110 Miami Ave., Kansas City, Kansas do swear and affirm that I was never divorced from Charles Ora Bush and was the legal wife of Charles Ora Bush at the time of his death. There is an error on the death certificate of the above deceased and I want to correct the error. Newcomer's Undertaking Company of Kansas City, Missouri made the mistake in recording the deceased as a divorced man.

Bertha Bush

1110 Miami Ave., Kansas City, Kansas.

Subscribed and sworn to before me a Notary Public on October 23, 1950.

Mary B Ebener
Notary Public

com. expires Aug. 26, 1951.