

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **41889**

FILED JAN 5 1950

BIRTH NO. _____ REG. DIST. NO. **251** PRIMARY REG. DIST. NO. **4310** Registrar's No. **292**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY Nodaway	b. CITY (If outside corporate limits, write RURAL and give township) Clearmont	a. STATE Missouri	b. COUNTY Nodaway
c. LENGTH OF STAY (in this place) 3 WKS.		c. CITY (If outside corporate limits, write RURAL and give township) Maryville	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wallen Nursing Home		d. STREET ADDRESS (If rural, give location) 2nd	

3. NAME OF DECEASED (Type or Print)	a. (First) MATTIE	b. (Middle) MAUD	c. (Last) BUSH	4. DATE OF DEATH (Month) (Day) (Year) 12 21 49
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2/29/80	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days 69	IF UNDER 2 HRS. Hours Min. 69
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Clearmont, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Gool Griffey	13b. MOTHER'S MAIDEN NAME Ruella Crowdes	14. NAME OF HUSBAND OR WIFE Harvey Bush, deceased
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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. none	17. INFORMANT'S SIGNATURE OR NAME Mr. Wilbur Bush, Maryville, Mo.	ADDRESS
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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) Chronic Hypertension		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Chronic Hypertension Due to (b) Chronic Hypertension Due to (c) Hypertensive Aneurysm		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Fracture of femoral Pt. 8/20/49			

19a. DATE OF OPERATION Sept 23, 1949	19b. MAJOR FINDINGS OF OPERATION Fracture of femoral neck Pt.	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Maryville Nodaway Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9 - 23 - 49 7a^m	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell in home	ADDITIONAL SUPERSTANDARDARY
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22. I hereby certify that I attended the deceased from March 30, 1947, to Dec. 21, 1949; that I last saw the deceased alive on _____, 19____, and that death occurred at 9:00A^m, from the causes and on the date stated above.

23a. SIGNATURE B. F. Byland M. D.	23b. ADDRESS Maryville, Missouri	23c. DATE SIGNED 12/24/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 12/23/49	24c. NAME OF CEMETERY OR CREMATORY Clearmont	24d. LOCATION (City, town, or county) (State) Clearmont, Missouri
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DATE REC'D BY LOCAL REG. 12-31-49	REGISTRAR'S SIGNATURE Bess Holt 229	25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home	ADDRESS Maryville, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 9 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 _____

ROBERT L. SOUTER

Student Embalmer No. 309

working under my personal supervision.

Student Robert L. Souter
Student Embalmer

Signed John W. Price
Licensed Embalmer No. 4281

P. O. Address Maryville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.