

FILED AUG 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25881

BIRTH NO. _____ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 6249 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Wayne		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wayne	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Benton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Benton	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Mary's</i>		d. STREET ADDRESS (If rural, give location) 3 Miles Southwest Piedmont	

3. NAME OF DECEASED (Type or Print) a. (First) Elmer b. (Middle) Franklin c. (Last) Bush			4. DATE OF DEATH (Month) (Day) (Year) July 21, 1950		
---	--	--	--	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 31, 1897	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Days 20
-------------	------------------------	--	---------------------------------	------------------------------------	--------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor	10b. KIND OF BUSINESS OR INDUSTRY Lime Pit	11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.
---	--	--	-----------------------------------

13a. FATHER'S NAME Jacob M. Bush	13b. MOTHER'S MAIDEN NAME Mary C. Honeycutt	14. NAME OF HUSBAND OR WIFE Delia Bush
----------------------------------	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War II	16. SOCIAL SECURITY NO. 332-03-4057	17. INFORMANT'S SIGNATURE OR NAME Mrs. Delia Bush, Piedmont, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 3 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			331X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 July 21, 1950, to July 21, 1950; that I last saw the deceased alive on July 21, 1950, and that death occurred at 1:08 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>J. J. Jones, M.D.</i> (Degree or title)	23b. ADDRESS Piedmont, Mo.	23c. DATE SIGNED 7-22-50
---	----------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/24/50	24c. NAME OF CEMETERY OR CREMATORY Masonic	24d. LOCATION (City, town, or county) (State) Piedmont, Missouri
--	-------------------	--	--

DATE REC'D BY LOCAL REG. July 26, 1950	REGISTRAR'S SIGNATURE <i>June O. Patis</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>William Coder</i> ADDRESS Piedmont, Mo.
--	--	---

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

RECEIVED

AUG 9 1950

WAYNE CO. HEALTH CENTER

FILE No. 850-672

AUG 11 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 _____

CODER FUNERAL HOME

Student Embalmer No. _____

working under my personal supervision.

Signed _____

William Coder

Signed _____

Student Embalmer

Licensed Embalmer No. 3723

P. O. Address Piedmont, Missouri

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.