

FILED SEP 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29775

State File No.

24.1
0

REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 125

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY OR TOWN Excelsior Springs c. LENGTH OF STAY (in this place) 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION Excelsior Springs Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Ray
c. CITY OR TOWN Excelsior
d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED
a. (First) WALTER b. (Middle) HARMON c. (Last) BUSH
(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
Aug 26 '50

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married **8. DATE OF BIRTH** May 2 1880 **9. AGE** (In years last birthday) 70 **IF UNDER 1 YEAR** (Month) (Day) (Hour) (Min.) 3 24

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

13a. FATHER'S NAME Charles Lee Bush **13b. MOTHER'S MAIDEN NAME** Ellen Penker **14. NAME OF HUSBAND OR WIFE** Anna Bell Bush

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.** 496-01-0768 **17. INFORMANT'S SIGNATURE OR NAME** Anna Bell Bush **ADDRESS** Excelsior Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple massive hemorrhages.
ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
Morbidity 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. preforating duodenal ulcer. 5410

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) _____ **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 8-16-1950 **to** 8-26- 1950, **that I last saw the deceased alive on** 8-26-1950, **and that death occurred at** 10 P. m., **from the causes and on the date stated above.**

23a. SIGNATURE W. C. Baird M.D. (Deceased's title) **23b. ADDRESS** Excelsior Springs, Missouri **23c. DATE SIGNED** 8-28-50

24a. BURIAL, CREMATION REMOVAL (Specify) Buried **24b. DATE** Aug 29 '50 **24c. NAME OF CEMETERY OR CREMATORY** Elmwood **24d. LOCATION** (City, town, or county) (State) Marceline Mo

DATE REC'D BY LOCAL REG. 9/20/50 **REGISTRAR'S SIGNATURE** Caroline Hutchings **25. FUNERAL DIRECTOR'S SIGNATURE** Jarman-Pritchard **ADDRESS** Lawson Mo

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



010783 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 Lincoln K. Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, 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.