

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

30096

State File No.

No. 300
10.48

FILED SEP 22 1951

451

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

BIRTH NO. _____		REG. DIST. NO. <u>140</u>	PRIMARY REG. DIST. NO. <u>3022</u>	Registrar's No. <u>81</u>
1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u>		
c. LENGTH OF STAY (In this place) <u>3 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>New Addition</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>New Addition</u>		d. STREET ADDRESS (If rural, give location) <u>New Addition</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bettie</u>		b. (Middle) <u>Hieronymus</u>		c. (Last) <u>Bush</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 9, 1951</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar. 16, 1897</u>	9. AGE (In years last birthday) <u>54</u> Months <u>5</u> Days <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Howard Co. Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Ell Hieronymus</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Gumm</u>		14. NAME OF HUSBAND OR WIFE <u>Charlie Bush</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sarah Hieronymus Fayette, Mo</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cardiac decompensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>2 m.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
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) <u>4343</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>June</u> , 1951, to <u>Sept 7</u> , 1951, that I last saw the deceased alive on <u>Sept 7</u> , 1951, and that death occurred at <u>3 P.</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>M. B. Beach, M.D.</u> (Degree or title)		23b. ADDRESS <u>Fayette, Mo.</u>		23c. DATE SIGNED <u>9-13-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/13/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fayette City Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Fayette, Mo</u>				
DATE REC'D BY LOCAL REG. <u>9-13-51</u>		REGISTRAR'S SIGNATURE <u>Mary O. Beach</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ralph A. Carr, Fayette, Mo</u>

RECEIVED 9-21-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-21-51

OCT 20 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Ralph A. Carr

Signed.....

Student Embalmer

Licensed Embalmer No. 3340

P. O. Address

Jayette 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.