

STANDARD CERTIFICATE OF DEATH

8296

State File No.

FILED MAR 29 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1245

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kearney City
c. LENGTH OF STAY (In this place) 9 Days
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Research Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Clay
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kearney 0240
d. STREET ADDRESS (If rural, give location) 1 X

3. NAME OF DECEASED
a. (First) Eliza (Middle) Jane c. (Last) Bush
4. DATE OF DEATH (Month) (Day) (Year) March 15-1952

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH JAN. 13-1888 9. AGE (In years last birthday) 64 IF UNDER 1 YEAR 2 Months 2 Days IF UNDER 24 HRS. 2 Hours 2 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Hand Sewing 11. BIRTHPLACE (State or foreign country) Clay Co. Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Yates 13b. MOTHER'S MAIDEN NAME Laura J. Berry 14. NAME OF HUSBAND OR WIFE Oscar Bush

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Oscar Bush - Kearney, Mo.

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.
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 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) Hypertension
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia, left lower lobe
INTERVAL BETWEEN ONSET AND DEATH
5 min
6 yr.
10 yr.
4 da.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO 4201

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 15 February 1952, to 15 March, 1952, that I last saw the deceased alive on 14 March, 1952, and that death occurred at 9:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE Franklin M. Waterman (In case or title) _____ 23b. ADDRESS Liberty, Mo 23c. DATE SIGNED 15 March 1952

24a. BURIAL CREMATION REMOVAL (Specify) Burial 24b. DATE March 17-1952 24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet 24d. LOCATION (City, town, or county) (State) Kearney, Missouri

DATE REC'D BY LOCAL REG. 3-17-52 REGISTRAR'S SIGNATURE Seraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leonard Fry Kearney MO

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

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 Leonard Fry

Signed.....
Student Embalmer

Licensed Embalmer No. 1677

P. O. Address Kearney 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.