

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16217

State File No.

FILED JUN 9 1952

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5512 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>	
b. CITY OR TOWN <u>Clinton RR#4 Henry</u>	c. LENGTH OF STAY (in this state) <u>see list</u>	c. CITY OR TOWN <u>Clinton Mo 042-1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Creek</u>		d. STREET ADDRESS (If rural, give location) <u>RR#4</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Oscar</u>	b. (Middle) <u>O</u>	c. (Last) <u>Bush</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 25 1952</u>
-------------------------------------	-------------------------	----------------------	-----------------------	---

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8/2/1875</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Henry Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>O M Bush</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E Noel</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Bush</u>
------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mary Bush</u>	ADDRESS <u>Clinton</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of lung</u>		INTERVAL BETWEEN ONSET AND DEATH
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. <u>Senility</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>163X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 March, 1950, to May, 1952, that I last saw the deceased (alive) on May 13, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert H. Maxwell</u>	(Degree or title) <u>Mo.</u>	23b. ADDRESS <u>Clinton, Mo</u>	23c. DATE SIGNED <u>5-27-52</u>
---	------------------------------	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-28-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>May-28-52</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	422	25. FUNERAL DIRECTOR'S SIGNATURE <u>Adair & Consolus</u>	ADDRESS <u>Clinton</u>
---	---	-----	--	------------------------

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

10-2-52

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 J E Consolow

Licensed Embalmer No. 1891

P. O. Address Clinton, 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.