

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2540**

FILED FEB 10 1953 *0810*

BIRTH NO. _____ REG. DIST. NO. **276** PRIMARY REG. DIST. NO. **4410** Registrar's No. **10**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give town) St. James,		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Soldiers Home Hospital		c. CITY (If outside corporate limits, write RURAL and give township) St. James, Mo. <i>0810</i>	
d. STREET ADDRESS None		d. STREET ADDRESS (If rural, give location) None <i>0</i>	
3. NAME OF DECEASED (Type or Print) a. (First) Harris		b. (Middle)	
c. (Last) Bushie		4. DATE OF DEATH (Month) Feb (Day) 1 (Year) 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 7-1890
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months 1 Days 24	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Missouri <i>U</i>
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Bernard Bushie	
13b. MOTHER'S MAIDEN NAME Francis Montgomery		14. NAME OF HUSBAND OR WIFE Effie Bushie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give year or dates of service) World War I		16. SOCIAL SECURITY NO. 498-18-5404	
17. INFORMANT'S SIGNATURE OR NAME Effie Bushie, St. James, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza 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. Multiply sclerosis 10 yrs.	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		481X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		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 Aug 1, 1950 , to Feb. 1, 1953 , that I last saw the deceased alive on Feb. 1, 1953 , and that death occurred at 6:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE James H. Powell		23b. ADDRESS St. James, Mo.	
23c. DATE SIGNED 2/4/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Feb 4 1953		24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	
24d. LOCATION (City, town, or county) (State) St. James, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE C. Jesse Fisher	
DATE REC'D BY LOCAL REG. 2-7-53		REGISTRAR'S SIGNATURE Ruth B. Powell	
ADDRESS St. James		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 26 1953

County File Number _____
Date Filed 2-2-53

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

C. Jesse Gahr

Signed.....
Student Embalmer

Licensed Embalmer No. 4486

P. O. Address St. James, 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.