No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17507

FILED MAY 18 1953

BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 5336 Registrar's No. 53-50

1. PLACE OF DEATH
a. COUNTY: Dade
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural W Center twp
c. LENGTH OF STAY (In this place): yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5mi W Greenfield Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Dade
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural w Center twp 0390
d. STREET ADDRESS (If rural, give location): 5mi w Greenfield Mo 0

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Wesley
c. (Last): Bush

4. DATE OF DEATH (Month) (Day) (Year): May 8 1953

5. SEX: m 0
6. COLOR OR RACE: w
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec.7 1881
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 5, Days 1 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired
10b. KIND OF BUSINESS OR INDUSTRY: farmer
11. BIRTHPLACE (State or foreign country): Dade co mo. 0
12. CITIZEN OF WHAT COUNTRY?: use
13a. FATHER'S NAME: Jim Bush
13b. MOTHER'S MAIDEN NAME: Mary Palmer
14. NAME OF HUSBAND OR WIFE: Dora C 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.: 487-30-7506
17. INFORMANT'S SIGNATURE OR NAME: Mrs Dora C Bush — ADDRESS: Lockwood Mo rt2

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute yellow Atrophy of Liver

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 580X
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) m.
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* 3-2-, 1953, *to* 5-8-, 1953 *that I last saw the deceased alive on* 5-1-, 1953, *and that death occurred at* 2:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. D. Combe M.D.
23b. ADDRESS: Lockwood Mo
23c. DATE SIGNED: 5-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Maylo,1953
24c. NAME OF CEMETERY OR CREMATORY: Collins
24d. LOCATION (City, town, or county) (State): Dade co mo.

DATE REC'D BY LOCAL REG.: 5-15-53
REGISTRAR'S SIGNATURE: J. C. Canada
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: W.R.Allison Greenfield Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 W. R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenfield, Ohio

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.