

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38479**

FILED DEC 8 1953

BIRTH NO. _____ REG. DIST. NO. **55** PRIMARY REG. DIST. NO. **5799** Registrar's No. **121**

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tina RFD Van Horn		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bogard	
c. LENGTH OF STAY (in this place) 1 Year		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Walter Bott Home			

3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) Virginia c. (Last) Bushy			4. DATE OF DEATH (Month) (Day) (Year) Nov. 25. 1953		
5. SEX FEMALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH Oct 10 1866		9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months 1 Days 15 IF UNDER 24 HRS. Hours 15 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE KEEPER		10b. KIND OF BUSINESS OR INDUSTRY ✓		11. BIRTHPLACE (State or foreign country) Missouri	
				12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME W.D.P. Thomas		13b. MOTHER'S MAIDEN NAME Amanda Shirley		14. NAME OF HUSBAND OR WIFE William Bushy Dec.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Lurine Bott Tina Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Fracture		DUPLICATE OF (a) Generalized Edema			1 week
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (b) Serulity			10 days
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 checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE BOMICIDE (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 <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 **Nov 15, 1953**, to **Nov 25, 1953**, that I last saw the deceased alive on **11-25-53**, 19___, and that death occurred at **1:20 P.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R.W. Matheny M.D.		23b. ADDRESS Chellinche, Mo.		23c. DATE SIGNED 11/28/1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/29/1953		24c. NAME OF CEMETERY OR CREMATORY Vanhorn Cemetery	
				24d. LOCATION (City, town, or county) (State) Bogard, Mo.	

DATE REC'D BY LOCAL REG. 11/29/53		REGISTRAR'S SIGNATURE Mrs. Herbert Calvert		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E.A. Dickerson funeral Home Bogard, MO.	
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Clifford W. Austin
Licensed Embalmer No. 3233.

P. O. Address Tina, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.