No. 300
10-48

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18825

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2738

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hosp #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 3028 Holmes 3438

3. NAME OF DECEASED (Type or Print): a. (First) WHEELER b. (Middle) BUSH c. (Last)

4. DATE OF DEATH (Month) (Day) (Year): 6-17-1954

5. SEX: m
6. COLOR OR RACE: w
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 2-24-1906
9. AGE (In years last birthday): 48 — 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): Labor
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Braggs, Okla
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jim S Bush
13b. MOTHER'S MAIDEN NAME: Eliza Lundsford
14. NAME OF HUSBAND OR WIFE: Gladys 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.: 446-10-8505
17. INFORMANT'S SIGNATURE OR NAME: Okley Finch — **ADDRESS**: KC Kans

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) Multiple Fractures Pelvis

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Lower Limbs Shock
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: E9360 47

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Driveway to Parking Lot
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): X
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kansas City Jackson 2 3 Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6-18 54 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Unknown at this time (n. m. o.)

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Hugh H. Owens (Degree or title): Hugh H. Owens Coroner 3
23b. ADDRESS: 1034 Rialto Bldg
23c. DATE SIGNED: 6-18-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6-18-1954
24c. NAME OF CEMETERY OR CREMATORY: South Bethel Cemetery
24d. LOCATION (City, town, or county) (State): Braggs Okla

DATE REC'D BY LOCAL REG.: 6-18-54
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: Lescher Funeral Home — **ADDRESS**: Moskogee Okla

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify tha[illegible] [illegible]e [illegible]me is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal sup[illegible]on..

Student.....
Signature of Student Embalmer

Signed F. S. Walton

Licensed Embalmer No 2744

P. O. Address KC Mo

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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