

FILED NOV 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36392

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 171

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Atchison	
b. CITY OR TOWN Fairfax		c. CITY OR TOWN Fairfax	
c. LENGTH OF STAY (in this place) 1 hr.		d. STREET ADDRESS (If rural, give location) 0020	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fairfax Comm. Hospital			

3. NAME OF DECEASED (Type or Print) GEORGE	a. (First)	b. (Middle) FRANKLIN	c. (Last) BUSH	4. DATE OF DEATH (Month) (Day) (Year) Nov 23 1954
--	------------	----------------------	----------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 29, 1884	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
-------------	------------------------	--	--------------------------------	------------------------------------	------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer	10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (State or foreign country) Kentucky	12. CITIZENSHIP OF WHAT COUNTRY? US
--	--	--	-------------------------------------

13a. FATHER'S NAME Samuel Bush	13b. MOTHER'S MAIDEN NAME Belle Harned	14. NAME OF HUSBAND OR WIFE Alice Bush
--------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Wm. Hartman Barnard Mo.	ADDRESS
--	------------------------------	--	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute coronary Thrombosis		2 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis		10 years
	DUE TO (c)		
	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"/>
------------------------	----------------------------------	--

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)	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 11-22, 1954, to 11-23, 1954, that I last saw the deceased alive on 11-22, 1954, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Wallace Carpenter mo	(Degree or title)	23b. ADDRESS Roch Port Mo.	23c. DATE SIGNED 11/24/54
-------------------------------------	-------------------	----------------------------	---------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 26, 1954	24c. NAME OF CEMETERY Pleasant Ridge	24d. LOCATION (City, town, or county) (State) Fairfax, Mo.
--	-------------------------	--------------------------------------	--

DATE REC'D BY LOCAL REG Nov 16, 1954	REGISTRAR'S SIGNATURE Tharvin H. Schooler 443	25. FUNERAL DIRECTOR'S SIGNATURE Schooler Funeral Home	ADDRESS Fairfax Mo.
--------------------------------------	---	--	---------------------

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

JUN 28 1955

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 Marvin H. Schoeler

Signed.....
Student Embalmer

Licensed Embalmer No. 4162

P. O. Address Fairfax, 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.