

FILED DEC 2 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36799

0900

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

BIRTH NO. _____		REG. DIST. NO. <u>62</u>		PRIMARY REG. DIST. NO. <u>5241</u>		Registrar's No. <u>28</u>	
1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Nebraska</u> b. COUNTY <u>Cherry</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural, Madison</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>12 Miles S. of Stockton</u>				d. STREET ADDRESS (If rural, give location) <u>Near Mullen Nebraska</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LORENA</u>		b. (Middle) <u>BUSH</u>		c. (Last) <u>ISOM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 21, 1954</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 31, 1875</u>	
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>20</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rancher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cattle Ranch</u>		11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>Uriah A. Bush</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Jane Campbell</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Issie Bush - Stockton, Mo.</u>			
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 hours</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>11-20</u> , 19 <u>54</u> , to <u>11-21</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>11-21</u> , 19 <u>54</u> , and that death occurred at <u>11 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm. B. Richter, M.D.</u>				23b. ADDRESS <u>Stockton, Mo.</u>		23c. DATE SIGNED <u>11-22-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-24-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mullen Nebraska</u>		24d. LOCATION (City, town, or county) (State) <u>Mullen, Neb.</u>	
DATE REC'D BY LOCAL REG. <u>11-27-54</u>		REGISTRAR'S SIGNATURE <u>Geneva Harrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Patton Funeral Home</u>		ADDRESS <u>Stockton, Mo.</u>	

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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 John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Stockton, Mo.

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.