No. 300
10-48

FILED DEC 3 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36824

BIRTH NO. _____ REG. DIST. NO. 393 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5267

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City, North
c. LENGTH OF STAY (In this place): 7 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3650 N. Briarcliff Rd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clay
c. CITY OR TOWN: Kansas City North
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
STREET ADDRESS (If rural, give location): 1006 3650 N. Briarcliff Rd. 5068 0

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

4. DATE OF DEATH (Month) Nov. (Day) 13 (Year) 1954

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 7-7-1891
9. AGE (In years last birthday): 63 — 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): Salesman at Palace Clothing Co.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Pontiac, Michigan
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Benjamin Franklin Bush
13b. MOTHER'S MAIDEN NAME: Maria Ames
14. NAME OF HUSBAND OR WIFE: Dr. Cora Holdren 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.: 563-03-0091
17. INFORMANT'S SIGNATURE OR NAME: Dr. Cora Holdren Bush — ADDRESS: 3650 N. Briarcliff Rd.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Coronary atherosclerosis — 5 yr.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Congestive heart disease — 6 mo.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
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* March *19*54*, to* Nov ~~14~~ 13*, 19*54*, that I last saw the deceased alive on* Nov ~~14~~ 13*, 19*54*, and that death occurred at* 8:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Walter L. Washburn M.D. (Degree or title)
23b. ADDRESS: Blackland, Mo.
23c. DATE SIGNED: 11-15-54

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Nov. 16, 1954
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park
24d. LOCATION (City, town, or county) (State): Kansas City, Missouri

DATE REC'D BY LOCAL REG.: 11-15-54
REGISTRAR'S SIGNATURE: Neva Marshall
25. FUNERAL DIRECTOR'S SIGNATURE: STINE & McCLURE UND. CO.
ADDRESS: K. C. MO.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Walter L. Washburn

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Eugene T. Kenn

Licensed Embalmer No. 46

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.