No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4460

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5449 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY Gentry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Jackson T.
c. LENGTH OF STAY (In this place) 10 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) East of King City, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Gentry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Albany, Missouri 0380
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print)
a. (First) C.
b. (Middle) C.
c. (Last) Bush

4. DATE OF DEATH (Month) (Day) (Year) March 8 1955

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3
8. DATE OF BIRTH July 2, 1881
9. AGE (In years last birthday) 73 — IF UNDER 1 YEAR Months 8 Days 6 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Druggist
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Cainsville, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Usher Bush
13b. MOTHER'S MAIDEN NAME Charlotte Smith Bush
14. NAME OF HUSBAND OR WIFE

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.
17. INFORMANT'S SIGNATURE OR NAME Mrs. Kizzie Zimmerman, ADDRESS New Hampton

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) Virus Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 8 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ~~Cerebral Hemorrhage~~ ~~4 yrs~~
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemorrhage 4 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 492 X
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* 10/22, 1954, *to* 3/8, 1954, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 4:40A *m., from the causes and on the date stated above.*

23a. SIGNATURE D. Blacklock, M.D. (Degree or title)
23b. ADDRESS King City Mo
23c. DATE SIGNED 3/9/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-8-55
24c. NAME OF CEMETERY OR CREMATORY Foster
24d. LOCATION (City, town, or county) New Hampton (State) Mo.

DATE REC'D BY LOCAL REG. March 9-55
REGISTRAR'S SIGNATURE Maude Williams 4620
25. FUNERAL DIRECTOR'S SIGNATURE Clifford Brooks
ADDRESS Albany Mo

(Licensed Embalmer's Statement on Reverse Side)

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 me

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed [illegible]

Licensed Embalmer No. 3329

P. O. Address Albany 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.