

FILED JUL 11 1955

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19345

BIRTH NO.		REG. DIST. NO. 385		PRIMARY REG. DIST. NO. 3039		Registrar's No. 55	
1. PLACE OF DEATH a. COUNTY LINN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Address: Missouri b. COUNTY LINN			
b. CITY (If outside corporate limits, write RURAL and give township) MARCELINE		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Brookfield Mo 05820			
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCIS HOSP.				d. STREET ADDRESS (If rural, give location) 203. South Monroe			
3. NAME OF DECEASED (Type or Print) Edna		a. (First)		b. (Middle) MAY		c. (Last) Bush	
4. DATE OF DEATH		(Month) JULY		(Day) 1		(Year) 1955	
5. SEX Female		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept-19-1903	
9. AGE (In years last birthday) 51		If UNDER 1 YEAR Months 9		If UNDER 1 YEAR Days 12		If UNDER 1 HR. Hours Mts.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) OAKWOOD Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles Sebers		13b. MOTHER'S MAIDEN NAME Jessie MANN		14. NAME OF HUSBAND OR WIFE EARL R. BUSH			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME EARL R. BUSH			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral embolism & thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, generalized DUE TO (c) malignant hypertension				INTERVAL BETWEEN ONSET AND DEATH 3 days 10 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332X				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 June 15, 1955, to July 1, 1955, that I last saw the deceased alive on July 1, 1955, and that death occurred at 1:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE John R. Dixon M.D.				23b. ADDRESS Brookfield Mo		23c. DATE SIGNED 7-1-55	
24a. BURIAL CREMATION REMOVAL (Specify) BURIAL		24b. DATE 7-3-55		24c. NAME OF CEMETERY OR CREMATORY CITY CEMET.		24d. LOCATION (City, town, or county) (State) HANIBAL MO.	
DATE REC'D BY LOCAL REG. 7-4-55		REGISTRAR'S SIGNATURE Mary J. Progwanz		25. FUNERAL DIRECTOR'S SIGNATURE Miller-Kellean		ADDRESS Marceline Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 18 1955

MAR 27 1956

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 Libburn K. Tidston

Licensed Embalmer No. 4508

P. O. Address Marceline M

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.