

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5545

State File No.

| | | | | | | | |
|--|--|---|--|---|--|--|--|
| BIRTH NO. | | REG. DIST. NO. <u>179</u> | | PRIMARY REG. DIST. NO. <u>4287</u> | | Registrar's No. <u>34</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Lincoln</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Troy</u> | | c. LENGTH OF STAY (In this place) <u>8 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Ouvre)</u> | | d. STREET ADDRESS (If rural, give location) <u>2 miles East of Elint Hill, Mo</u> | |
| 3. NAME OF DECEASED a. (First) <u>James</u> b. (Middle) <u>Francis</u> c. (Last) <u>Brush</u> | | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 14 1956</u> | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>May 15, 1876</u> | |
| 9. AGE (In years last birthday) <u>79</u> | | 10. UNDER 1 YEAR Months <u>8</u> Days <u>29</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Oklahoma</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u> | | 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | |
| 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>William Brush</u> | | 14. NAME OF HUSBAND OR WIFE <u>Wright City, Mo.</u> | |
| 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 <u>William Brush</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Ischemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) <u>Senility</u> 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 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) | | 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>2/7</u> , 19 <u>56</u> to <u>2/14</u> , 19 <u>56</u> that I last saw the deceased alive on <u>2/14</u> , 19 <u>56</u> and that death occurred at <u>home</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Church</u> | | | | 23b. ADDRESS <u>Troy Mo</u> | | 23c. DATE SIGNED <u>2-23-57</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Feb. 16, 1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Linn Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Wentzville, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>2-25-57</u> | | REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Miss M. M. M. M. M.</u> | | ADDRESS <u>Wentzville, Mo.</u> | |

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

FEB 28 1938

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 Howard O. Kessler

Licensed Embalmer No. 4631

P. O. Address Winterville, N.C.

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.