

STANDARD CERTIFICATE OF DEATH

FILED APR 15 1957

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 194

1. PLACE OF DEATH a. COUNTY Pettis b. CITY Sedalia c. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital 15 DAYS 2. USUAL RESIDENCE a. STATE Missouri b. COUNTY Morgan c. CITY OR TOWN Buffalo Twp 710 d. STREET ADDRESS 6 Miles South of Stover

3. NAME OF DECEASED ABRAHAM N. BUSH 4. DATE OF DEATH April 5 1957 5. SEX Male 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH April 30, 1907 9. AGE 49 10a. USUAL OCCUPATION Farming 10b. KIND OF BUSINESS OR INDUSTRY FARM 11. BIRTHPLACE Benton County Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A. 13. FATHER'S NAME A.N. Bush 14. MOTHER'S MAIDEN NAME MARY WALKER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO. 492-18-7105 17. INFORMANT MARY Ed. Bush STOVER, MO.

18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism 2 weeks (b) Multiple Rib Fractures and Contusions 2 weeks (c) Automobile accident 2 weeks PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Myocardial Infarction, Congestion of Left Heart Lung 19. WAS AUTOPSY PERFORMED? YES [X] NO []

20a. ACCIDENT [X] SUICIDE [] HOMICIDE [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Pt. thrown heavily against steering wheel then out on highway 20c. TIME OF INJURY 8:00 p.m. 3/21/57 20d. INJURY OCCURRED WHILE AT WORK [] NOT WHILE AT WORK [X] 20e. PLACE OF INJURY Highway 52 20f. CITY, TOWN, OR LOCATION Stover Morgan MO.

21. I attended the deceased from March 22, 1957 to April 5, 1957 and last saw him alive on April 5, 1957 Death occurred at 8:32 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. 22a. SIGNATURE Thomas J. Hoptains, M.D. 22b. ADDRESS Sedalia, Mo 22c. DATE SIGNED 4/7/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE April 8, 1957 23c. NAME OF CEMETERY OR CREMATORY Versailles, Mo. 23d. LOCATION (City, town, or county) Versailles Missouri (State) 24. FUNERAL DIRECTOR James R. Scrimm Versailles, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. 4-8-57 26. REGISTRAR'S SIGNATURE Frances Shelby

Health & Welfare Public Service

S. 300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. securing the medical certification in the specific manner required by 1957-190 MOKS 1747

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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MAY 27 1957

1957

MAY 8

JUN 14 1957

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 Signature of Student Embalmer

Signed *James R. Schuman*

Licensed Embalmer No. 488

P. O. Address *Verona, N.J.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.