

FILED SEP 3 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29088**

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 209

1. PLACE OF DEATH a. COUNTY <u>St. Charles</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 OR TOWN <u>St. Charles</u>		c. CITY OR TOWN <u>St. Charles</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>2 wks.</u>		e. STREET ADDRESS (If rural, give location) <u>Rural Rt. 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u> b. (Middle) <u>C.</u> c. (Last) <u>Bushnell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 25, 1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 17, 1887</u>
9. AGE (In years last birthday) <u>70</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Traffic Mang.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Peoria, Illinois</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Traffic Mang.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Traffic Mang.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William M. Bushnell</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Gertrude Barnes Bushnell</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>712-16-8178</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gertrude Barnes Bushnell Same</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of sigmoid with metastasis to liver.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>sigmoid 153X</u>	
19a. DATE OF OPERATION <u>6/24/57.</u>		19b. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma with metastasis to regional lymphnodes.</u>	
20. AUTOPSY? <u>2</u> 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) <u>St. Charles, Missouri.</u>			
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>April 29</u> , 1957, to <u>Aug. 25</u> , 1957, that I last saw the deceased alive on <u>Aug. 25</u> , 1957, and that death occurred at <u>8:10 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Russell Heider M.D.</u>		23b. ADDRESS <u>206 Washington Street St. Charles, Missouri</u>	
23c. DATE SIGNED <u>8/27/57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>Aug. 28, 1957</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Crematory</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Aug 27-57</u>		REGISTRAR'S SIGNATURE <u>Margaret Wilson</u>	
DATE REC'D BY LOCAL REG. <u>Aug 27-57</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Arthur Rose</u> ADDRESS <u>St. Charles, Mo.</u>	

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

0923

0920

40

SEP 5 1933

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 *Arthur C. Paul*

Licensed Embalmer No. *314*

P. O. Address *A. C. Paul*

**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.**