

Health, & Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004430
STATE FILE NUMBER

FILED FEB 25 1958

Registration District No. 30 Primary Registration District No. 5102 Registrar's No. 7

1-57

1. PLACE OF DEATH a. COUNTY Benton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP OR TOWN) Fristoe (Township)		c. CITY OR TOWN Mountain Grove	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION U.S. Highway 65		d. STREET ADDRESS (If outside, give location) 705 W. North	
Length of stay in lb minutes		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) HAROLD HAMILTON Bushong			4. DATE OF DEATH Month Feb Day 19 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 2, 1898	9. AGE (In years last birthday) 59	10. UNDER 1 YEAR Months 9 Days 17
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (City and state or country) Ozark Co, Mo	
12. CITIZEN OF WHAT COUNTRY? U. S. A					

13a. FATHER'S NAME Marion Andy Bushong		13b. MOTHER'S MAIDEN NAME Nancy Ellen North		14. NAME OF HUSBAND OR WIFE Stella Mae Bushong	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 493-16-3405		17. INFORMANT Stella Mae Bushong Address 705 W. North Mt Grove, Mo	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute neurocirculatory collapse			INTERVAL BETWEEN ONSET AND DEATH 5 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) acute Virus Pneumonia			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary Tuberculosis			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a.m. _____ p.m. _____					

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Warshaw Mo	
21. I attended the deceased from Dead on arrival and last saw her/him alive on _____		Death occurred at 12:00 noon m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a: SIGNATURE James Stally DO		22b. ADDRESS Warshaw Mo		22c. DATE SIGNED 2/19/58	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb 21, 1958		23c. NAME OF CEMETERY OR CREMATORY Stubbs Cemetery	
24. FUNERAL DIRECTOR Reser Funeral Home		25. DATE RECD. BY LOCAL REG. Feb 19, 1958		26. REGISTRAR'S SIGNATURE J.O. A. Logan	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

APR 8 1958

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 *John F. Reser*

Licensed Embalmer No. *4098*

P. O. Address *Warsaw*

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.