Health, & Welfare Public Service
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024933
STATE FILE NUMBER

FILED JUL 21 1958 Registration District No. 73 Primary Registration District No. 4133 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY Clay	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kearney — Inside Limits Yes ● No ☐	c. CITY OR TOWN Kearney 6000 — Inside Limits Yes ● No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Kearney, Mo — Length of stay in 1b years	d. STREET ADDRESS — (If outside, give location) — Reside on Farm Yes ☐ No ●

3. NAME OF DECEASED (Type or print)	First: James	Middle: Oscar	Last: Bush	4. DATE OF DEATH Month July Day 8, Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH July 5, 1888	9. AGE (In years last birthday) 70 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Kearney, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Sterling P Bush		14. MOTHER'S MAIDEN NAME Lee Ella Boggess		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes — (If yes, give war or dates of service) W.W. 1	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs J.O. Bush, Address Kearney, Missouri		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH 30 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Parkinsons Disease — 6 years
DUE TO (c) 350X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Arteriosclerosis

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 23 Feb 1953, to 8 July 1958 and last saw her/him alive on 8 July 1958. Death occurred at 5:40 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wilbur Hill DO. 2	22b. ADDRESS Liberty, Missouri	22c. DATE SIGNED 8 July 58.
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-9-58	23c. NAME OF CEMETERY OR CREMATORY Mt Olivet
23d. LOCATION (City, town, or county) (State) Kearney, Missouri		
24. FUNERAL DIRECTOR ADDRESS Fry Funeral Home, Kearney, Mo	25. DATE RECD. BY LOCAL REG. 7-12-58	26. REGISTRAR'S SIGNATURE Mabel Graham

(Licensed Embalmer's Statement on Reverse Side)

471 6

JUL 8 3 1958

RECEIVED, JUL 15 1958 CLAY CO., HEALTH CENTER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ralph Van Landingham

Licensed Embalmer No. 40

Elsie Springs,
P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.