

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005262

STATE FILE NUMBER

FILED MAR 16 1959 Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 42

Health, Welfare, Public Services

300
1-56

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

1. PLACE OF DEATH a. COUNTY Grundy			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Caldwell		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Breckenridge, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Whitfield Home			Length of stay in lb 5 years		d. STREET ADDRESS (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) George Thomas Bush			4. DATE OF DEATH March 4, 1959		
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 September 15, 1861	9. AGE (In years last birthday) 96	IF UNDER 1 YEAR Months 5 Days 17 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Breckenridge, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME William W. Bush.			14. MOTHER'S MAIDEN NAME Hettie Gist.		
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. None		17. INFORMANT Mrs. Lucretia Stephens, Breckenridge, 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) Arterio Sclerosis					INTERVAL BETWEEN ONSET AND DEATH 6 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) _____ DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					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.) 4500		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY _____ STATE _____	
21. I attended the deceased from Dec 4 - 1958 to March 4 - 59 and last saw her alive on Jan 19 - 59 Death occurred at 2:29 PM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE E. A. Dinkley M.D.			22b. ADDRESS Trenton Mo.		22c. DATE SIGNED mchs 5 59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE March 6, 1959		23c. NAME OF CEMETERY OR CREMATORY Trosper Cemetery	
				23d. LOCATION (City, town, or county) (State) Breckenridge, Daviess, Missouri	
24. FUNERAL DIRECTOR Mead-Pitt's Funeral Service by Breckman, MO (Licensed Embalmer's Statement on Reverse Side)			25. DATE RECD. BY LOCAL REG. 3-6-59		26. REGISTRAR'S SIGNATURE Gene Fair

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 JOHN W. PITTS, Student Embalmer No. 56
working under my personal supervision..

Student John W. Pitts
Signature of Student Embalmer

Signed X. James F. Wood

Licensed Embalmer No. 28

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.