URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 4 1959 2 82

59-037169
STATE FILE NUMBER

AMENDED

Registration District No. _____ Primary Registration District No. 3055 Registrar's No. 125

1. PLACE OF DEATH
a. COUNTY Polk
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bolivar — Length of stay in 1b 10 yr.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Died in the Home — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Polk
c. CITY OR TOWN Bolivar — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First James Middle Andrew Last Bush
4. DATE OF DEATH Month Oct. Day 24 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Feb. 2-1871-88
9. AGE (last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Ret.
10b. KIND OF BUSINESS OR INDUSTRY farmer
11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Isaac Bush
13b. MOTHER'S MAIDEN NAME Sarah Hogg
14. NAME OF HUSBAND OR WIFE Allie Bush
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 486-44-3174
17. INFORMANT Mrs. Allie Bush Address Bol. Mo.

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) acute heart failure — INTERVAL BETWEEN ONSET AND DEATH 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) chronic myocarditis.
DUE TO (c) Generalized arteriosclerosis.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 Sept 25 59, to Oct 24 59 and last saw her/him alive on Oct 23 1959
Death occurred at 1:10 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L C McCraw (Degree or title) MD
22b. ADDRESS Bolivar Mo
22c. DATE SIGNED 10/27/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct. 26-59
23c. NAME OF CEMETERY ~~OR CREMATORY~~ Greenwood
23d. LOCATION (City, town, or county) Bolivar (State) Mo.

24. FUNERAL DIRECTOR Pitts F. H. ADDRESS Bolivar, Mo.
25. DATE RECD. BY LOCAL REG. 10-29-1959
26. REGISTRAR'S SIGNATURE Ralph Lortenzer Jewell Gordon

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

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_____ Signed Sidney J. Pitts

Signature of Student Embalmer

Licensed Embalmer No. H939

P. O. Address Bolivar, Mo

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