

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034254

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 101

Primary Registration District No.

Registrar's No. 34

FILED SEP 17 1962

1. PLACE OF DEATH

a. COUNTY Douglas

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Walls twp.Length of stay in 1b
6 yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 1 1/2 mi. N. WasolaInside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Douglas

c. CITY OR TOWN Squires

Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
Walls twp.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
Nettie Myrtle Bushong4. DATE OF DEATH Month Day Year
Sept. 9- 1962

5. SEX F

6. COLOR OR RACE W

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 10-13-1884

9. AGE (last birthday) 77

IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife10b. KIND OF BUSINESS OR INDUSTRY
Own11. BIRTHPLACE (City and state or country)
Cabool, Mo.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Louis McClanahan

13b. MOTHER'S MAIDEN NAME

Ellen Willoughby

14. NAME OF HUSBAND OR WIFE

William A. 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.

17. INFORMANT Address
William A. Bushong Squires, 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)

UREMIC COMA

INTERVAL BETWEEN ONSET AND DEATH

3 DAYS

DUE TO (b)

CHRONIC NEPHRITIS

10 1/2

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

NARCOLEPSY

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. 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 6-4-62 to 9-9-62 and last saw her alive on 9-9-62
Death occurred at 1:50 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

AUA

MO

22c. DATE SIGNED

9-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial23b. DATE
9-11-196223c. NAME OF CEMETERY OR CREMATORY
Smith Chapel23d. LOCATION (City, town, or county)
Ozark Co. Mo.

24. FUNERAL DIRECTOR

ADDRESS

Clinkingbeard Gainesville

25. DATE RECD. BY LOCAL REG.

Sept 12-62

26. REGISTRAR'S SIGNATURE

Vestal Bushman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

63 40

8 3 40

3

4 1

5 1

6

7 0

8 2

9 592X

10

11

12 90-0

13 1-0

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 R. Urrey

Licensed Embalmer No.

4883

P. O. Address

Gainesville Mo

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.