

STANDARD CERTIFICATE OF DEATH

State File No. 4751

10-48 FILED MAR 11 1952

BIRTH NO.		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 4216		Registrar's No. 71	
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Henry			
b. CITY (If outside corporate limits, write RURAL and give township) Calhoun		c. LENGTH OF STAY (If applicable) 87 days		c. CITY (If outside corporate limits, write RURAL and give township) Calhoun 0420			
d. FULL NAME OF HOSPITAL OR INSTITUTION ✓				d. STREET ADDRESS (If rural, give location) Southport Town 0			
3. NAME OF DECEASED (Type or Print) a. (First) Laura Belle		b. (Middle) Bush		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 3 4 - 52	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 10-27-1865		9. AGE (In years last birthday) 86	IF UNDER 1 YEAR 4 7	IF UNDER 48 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY ✓		11. BIRTHPLACE (State or foreign country) Knoxville Tenn		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Joseph Onwiler		13b. MOTHER'S MAIDEN NAME Sarah Hawk		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alice Green Calhoun			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) phlebitis & arterio-sclerosis 3 mo DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 wks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Calhoun Mo		4221	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept 1, 1952, to 3-4, 1952, that I last saw the deceased alive on 3-28, 1952, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) G. S. Walker M.D.				23b. ADDRESS Clinton Mo.		23c. DATE SIGNED 3-5-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-7-52	24c. NAME OF CEMETERY OR CREMATORY Calhoun		24d. LOCATION (City, town, or county) (State) Calhoun Mo		
DATE REC'D BY LOCAL REG. Mar-5-52		REGISTRAR'S SIGNATURE 4221-0 Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE Fred Wilkerson		ADDRESS Clinton	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed Fred Wilkinson

Licensed Embalmer No. 5478

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.