

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1537**

FILED FEB 9 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **361**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>50 Yrs</b>		d. STREET ADDRESS (If rural, give location) <b>1505 Penn</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Orville</b> b. (Middle) <b>A.</b> c. (Last) <b>Tustison</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1 20 52</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Sept 30 1882</b>			9. AGE (In years last birthday) <b>69</b>		10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>Retired</b>
11. BIRTHPLACE (State or foreign country) <b>Parris Illinois</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>William Tustison</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Elizabeth Wilson</b>		14. NAME OF HUSBAND OR WIFE <b>Cressie B. Tustison</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>496-10-6006A</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Cressie B Tustison Sheldon Mo. RR 2</b>	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Seminated carcinomatosis, primary site</b>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES <b>undetermined</b>			
		DUE TO (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>		<b>1998</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Jan. 17, 1952**, to **Jan. 20, 1952**, that I last saw the deceased alive on **Jan. 20, 1952**, and that death occurred at **9:30A m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>B.I. Burns</b> (Degree or title)			23b. ADDRESS <b>24th &amp; Cherry</b>		23c. DATE SIGNED <b>1-21-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan 23 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill Cem.</b>	
24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mrs C.L. Forsterr 918 Brooklyn K. s. City, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>1-23-52</b>		REGISTRAR'S SIGNATURE <b>Suzaldine Holmes</b>			

(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.....

Licensed Embalmer No. *4173*

P. O. Address..... *N.C. 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.