

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14075**
2084

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u> | |
| b. CITY OR TOWN <u>Kansas City</u> | c. LENGTH OF STAY (in this place) <u>3 yrs</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY 3638</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>1521 EAST 46th ST.</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANCES</u> b. (Middle) <u>Hoerschen</u> c. (Last) <u>Busch</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 20 1953</u> | | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced?</u> | 8. DATE OF BIRTH <u>April 20 1896</u> | 9. AGE (In years last birthday) <u>57</u> | 10. UNDER 1 YEAR Months _____ |
| 10a. USUAL OCCUPATION (In kind of work done during most of working life, even if retired) <u>Proof-Reader</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>TENSION ENVELOPE Co.</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson City, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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| 13a. FATHER'S NAME <u>FRANK Hoerschen</u> | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | 14. NAME OF HUSBAND OR WIFE <u>Hugo Busch, Jr.</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No.</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>488-28-2007</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mr. C. A. Karch</u> | ADDRESS <u>1521 E. 46th ST. K.C.M.O.</u> |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> |
| | ANTECEDENT CAUSES Asford conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ca. of thyroid primary</u> | | <u>4 weeks</u> |
| | DUE TO (c) <u>Ca metastatic to lung & brain</u> | | <u>4 weeks</u> |
| II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral infarction of liver</u> | | | <u>Unknown</u> |

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| 19a. DATE OF OPERATION <u>no</u> | 19b. MAJOR FINDINGS OF OPERATION <u>no</u> | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) _____ | 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 2/10/52 to 4-20 1953, that I last saw the deceased alive on 4-20 1953, and that death occurred at 8:20 AM., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>John T. Skinner</u> (Degree or title) <u>MD MD</u> | 23b. ADDRESS <u>7102 Grand K.P.C.M.O.</u> | 23c. DATE SIGNED <u>4-20-53</u> |
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| 24a. BURIAL, CREMATION (REMOVAL) (Specify) | 24b. DATE <u>April 24 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>4-20-53</u> | REGISTRAR'S SIGNATURE <u>Geraldine Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Gordon Funeral Home</u> | ADDRESS <u>Jefferson City, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

9/18/16

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

John R. Sidman

Licensed Embalmer No. *4531*

P. O. Address *Kansas City*

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.