

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31720**
4447

FILED OCT 6 1953

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 2 years		e. STREET ADDRESS (If rural, give location) 214 East 74th St. Ter. 39180	
d. FULL NAME OF HOSPITAL OR INSTITUTION 214 East 74th St. Ter.		91	
3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) JOSEPH c. (Last) BUSHMAN		4. DATE OF DEATH (Month) (Day) (Year) Sept. 10, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 21, 1894
9. AGE (In years last birthday) 58		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 18 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Banker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Alden, Iowa
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Abram F. Bushman	
13b. MOTHER'S MAIDEN NAME Elizabeth J. Tomlinson		14. NAME OF HUSBAND OR WIFE Alice F. Bushman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War 1		16. SOCIAL SECURITY NO. 496-16-8226	17. INFORMANT'S SIGNATURE OR NAME Mrs. Alice F. Bushman ADDRESS Kansas City, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1949	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		16 1/2 hrs	
ANTECEDENT CAUSES		DUE TO (b) Repeated episodes of cerebral hemorrhage	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE	
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) (m.)		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 Feb , 1949, to 10 Sept , 1953, that I last saw the deceased alive on 10 Sept , 1953, and that death occurred at 4:30 p.m. , from the causes and on the date stated above.	
23a. SIGNATURE Lawrence E. Leigh (Degree or title) MD		23b. ADDRESS Overland Park, Mo.	
23c. DATE SIGNED 11 Sept 1953		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Sept. 12, 1953		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah	
24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Freeman Mortuary ADDRESS Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 9-11-53		REGISTRAR'S SIGNATURE Seraldine Smith	

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

*The G. Co. Leigh
8020 St. Le Anne
Me. 0227
1-5*

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 *Walter H. Erwin*

Licensed Embalmer No. *4352*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.