

FILED OCT 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35067

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 321

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN RURAL, ST. FRANCOIS TWP.		c. CITY OR TOWN FLAT RIVER	d. In 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) 7 DAYS		e. STREET ADDRESS (If rural, give location) 315 BUCKLEY	
d. FULL NAME OF HOSPITAL OR INSTITUTION: MINERAL AREA OSTEO. HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) NATALIE c. (Last) KUSMAN			4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 19 1954		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB. 23, 1893	9. AGE (In years last birthday) 61	10. UNDER 1 YEAR Days 7 Hours 26 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 (City and State or Foreign Country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME CARL BOYER	13b. MOTHER'S MAIDEN NAME ADELLE COLEMAN	14. NAME OF HUSBAND OR WIFE JOSEPH Z. KUSMAN
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'S SIGNATURE OR NAME ADDRESS JOSEPH Z. KUSMAN FLAT RIVER MO

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* HYPOTATIC PNEUMONIA		INTERVAL BETWEEN ONSET AND DEATH 2 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CEREBRAL HEMORRHAGE		7 day
	DUE TO (c) VASCUAR HYPERTENSION		
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 931X	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)
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 10-10-54, 1954, to 10-19-54, 1954, that I last saw the deceased alive on 10-19-54, 1954, and that death occurred at 3:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. P. Howell, D.O.	23b. ADDRESS Flat River, Mo.	23c. DATE SIGNED 10-19-54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10/21/54	24c. NAME OF CEMETERY OR CREMATORY CATHOLIC CEMETERY
DATE REC'D BY LOCAL REG. Oct. 19, 1954	REGISTRAR'S SIGNATURE Cather Rudloff	24d. LOCATION (City, town, or county) (State) ST. FRANCOIS COUNTY MO
25. FUNERAL DIRECTOR'S SIGNATURE But L. Boyer Leadwood, Mo		ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

0940

0940

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 *William E. Beyer*.....

Licensed Embalmer No. *4730*.....

P. O. Address *Leadwood*.....

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.