

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 3 1955

State File No. **41055**
5719

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 town or township) 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) 10 YEARS		STREET ADDRESS (If rural, give location) 931 EAST 11th STREET 3148	
d. FULL NAME OF HOSPITAL OR INSTITUTION OSTEOPATHIC HOSPITAL 14			

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) ROBERT c. (Last) KUSSMAN			4. DATE OF DEATH (Month) (Day) (Year) DECEMBER 13, 1954			
5. SEX D	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH SEPT. 5, 1887	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELEVATOR OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY OSTEOPATHIC HOSPITAL		11. BIRTHPLACE (City and State or Foreign Country) BRUNSWICK, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME FREDERICK KUSSMAN	13b. MOTHER'S MAIDEN NAME AGUSTA MITCHELLET	14. NAME OF HUSBAND OR WIFE LILLIAN KUSSMAN
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. 509-10-2076	17. INFORMANT'S SIGNATURE OR NAME MRS. D. C. VANKIE - DARYSVILLE, WASH.

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, assthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Adenocarcinoma of Stomach		
	DUE TO (c) Melastatic Carcinoma to Liver		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		151X	

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)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **2:50 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE D. A. Hoskins D O Pathologist (Degree or title)	23b. ADDRESS 2105 Independence Ave Kansas City Mo	23c. DATE SIGNED 12-13-54
24a. BURIAL CREMATION REMOVAL (Specify) BURIAL	24b. DATE DEC. 14, 1954	24c. NAME OF CEMETERY OR CREMATORY ELLIOTT GROVE CEMETERY BRUNSWICK, MISSOURI
24d. LOCATION (City, town, or county) (State)	25. FUNERAL DIRECTOR'S SIGNATURE N. N. Newcome's Sons KANSAS CITY, MISSOURI	

DATE REC'D BY LOCAL REG. **12-14-54** REGISTRAR'S SIGNATURE **Neva Minshall**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
D. A. Hoskins

JAN 11 1953

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 *Albert L. Savage*

Licensed Embalmer No. *487*

P. O. Address *Kansas*

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.