

FILED NOV 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37029**  
**4855**

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

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 (If outside corporate limits, write RURAL and give town) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>50 YEARS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARY'S HOSPITAL</u>		STREET ADDRESS (If rural, give location) <u>4204 MONROE AVENUE</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>FRANK</u>	b. (Middle) <u>V.</u>	c. (Last) <u>SLUSHER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 9, 1955</u>
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5. SEX <u>D</u> <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT. 19, 1885</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED ENGINEER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>BISCUIT COMPANY</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>NEAR ROANOKE, VIRGINIA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>UNKNOWN SLUSHER</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>LEONA SLUSHER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>487-10-7503</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. LEONA SLUSHER</u>	ADDRESS <u>4204 MONROE, KCMO</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>INFARCTION OF RIGHT LUNG</u>		<u>2 weeks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>PULMONARY EMBOLUS</u> DUE TO (c) <u>PHLEBO-THROMBOSIS, RIGHT LEG</u>		<u>2 weeks</u> <u>5 MONTHS</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>SUPERIMPOSED LOBAR PNEUMONIA</u>		<u>5 days</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>W/ct</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)
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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?
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22. I hereby certify that I attended the deceased from Nov 8, 1955 to Nov 9, 1955, that I last saw the deceased alive on Nov 8, 1955, and that death occurred at 3:38 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert Jansen</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>101 E 63d ST</u>	23c. DATE SIGNED <u>11-9-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 11, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Morian Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>11-10-55</u>	REGISTRAR'S SIGNATURE <u>new minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons</u>	ADDRESS <u>Kansas City, Mo.</u>
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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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 445

P. O. Address.....

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.