

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23939**  
Registrar's No. **3022**

FILED **AUG 8 - 1956** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>	
b. CITY OR TOWN <b>Kansas City</b>	c. LENGTH OF STAY (In this place) <b>1 WEEK</b>	c. CITY OR TOWN <b>Prairie Village</b>	d. 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 <b>St. Lukes Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>7112 Linden 8158</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Lou</b> b. (Middle) <b>L</b> c. (Last) <b>RUSHER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 10 - 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>NOV. 12 - 1899</b>	9. AGE (In years last birthday) <b>56</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mech. ENGINEER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>J.F. RICHARD CO. OSAWATOMIE, KANSAS</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>OSAWATOMIE, KANSAS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Loy D. Risher</b>	13b. MOTHER'S MAIDEN NAME <b>Edith Rose Turner</b>	14. NAME OF HUSBAND OR WIFE <b>Alice Risher</b>
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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) <b>YES W.W.I</b>	16. SOCIAL SECURITY NO. <b>511-10-6357</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Alice Risher</b> ADDRESS <b>7112 Linden Prairie Village Kans.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Bronchial - Lympho Carcinoma</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>2001</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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 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)	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 **7/2/56**, 19\_\_\_, to **7/10/56**, 19\_\_\_, that I last saw the deceased alive on **7/10/56**, 19\_\_\_, and that death occurred at **1:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H. P. Boughnau</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>R.C. 5th</b>	23c. DATE SIGNED <b>7/11/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>July 12, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Highland Park</b>	24d. LOCATION (City, town, or county) (State) <b>PITTSBURG, KANSAS</b>
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DATE REC'D BY LOCAL REG. <b>7-11-56</b>	REGISTRAR'S SIGNATURE <b>Neva Minshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. NEWCOMER'S SONS</b> ADDRESS <b>221 BRUSH CASEY Bldg. K.C. Mo.</b>
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**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 *Basil V. Honey*.....

Licensed Embalmer No. *H72*

P. O. Address *A. C., D.*

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.