

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17017
STATE FILE NUMBER **2103**

FILED MAY 21 1957

Registration District No. 197 Primary Registration District No. 1001 Registrar's No. 2103

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, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>211 Walnut Street</u>		Length of stay in (b) <u>20 years</u>	d. STREET ADDRESS (If outside, give location) <u>4211 Walnut Street</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>MICHAEL</u> Middle <u>J.</u> Last <u>CUSHING</u>			4. DATE OF DEATH Month <u>May</u> Day <u>3</u> Year <u>1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 24, 1870</u>	9. AGE (In years last birthday) <u>87</u> 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) <u>Retired Inspector</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>K C Water Dept</u>	11. BIRTHPLACE (City and state or country) <u>Cook County, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13. FATHER'S NAME <u>Michael Cushing</u>			14. MOTHER'S MAIDEN NAME <u>Margaret Gavin</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>486 26 0626A</u>	17. INFORMANT Address <u>Mrs. Jean F. Cushing, 4211 Walnut, KC, Mo,</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Ch. Hypertensive Cardiovascular disease</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>This individual had several previous mild coronary attacks in past 3 years.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> <u>over 4 yrs.</u> <u>4201</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Jan 10 '53</u> to <u>Dec 31 '56</u> and last saw <u>him</u> alive on <u>Dec 31 '56</u> Death occurred at <u>5:10 P M</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Glen H. Broyles M.D.</u>			22b. ADDRESS <u>1232 Professional Bldg</u>		22c. DATE SIGNED <u>5-4-'57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>May 6, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>		23d. LOCATION (City, town, or county) (State) <u>Jackson County, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>QUIRK & TOBIN-20 W. Linwood, K.C.Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5-4-57</u>	26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Glen H. Broyles

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 M. Turner*

Licensed Embalmer No. *46*

20 W. Linwood
P. O. Address

Kansas City, Mo.

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.