

FILED DEC 5 - 1957

Registration District No. 149 Primary Registration District No. 1002

S. 300
v. 1-57

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, give TOWNSHIP only) OR Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE 5017 Agnes		Length of stay in lb 23 yrs	d. STREET ADDRESS (If outside, give location) 5017 Agnes Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last AUGUSTA LOUISE FRUSH			4. DATE OF DEATH Month Day Year Nov. 15, 1957
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 26, 1890
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (In years last birthday) 67 IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HRS. Hours Min.
11a. FATHER'S NAME Herman E. Rener		13b. MOTHER'S MAIDEN NAME Unknown	12. CITIZEN OF WHAT COUNTRY? U. S. A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no, or unknown) (If yes, none or dates of service) no none		16. SOCIAL SECURITY NO. none	14. NAME OF HUSBAND OR WIFE Don W. Frush Address 5017 Agnes Kan. City, Mo.
17. INFORMANT Don W. Frush (husband)			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac De Comp - Acute Stenosis of Aortic Mitral Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Diabetes Mellitus DUE TO (c) 10/19/57 PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4211
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONE AND DEATH	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION 28 June 1957 to 15 Nov 1957		20f. COUNTY STATE	
21. I attended the deceased from 5 - A m on the date stated above; and to the best of my knowledge, from the causes stated. ✓ Death occurred at		and last saw her alive on 11 Oct. 1957	
22a. SIGNATURE (Deputy title) F. H. Wakefield		22b. ADDRESS 1102 Grand K. C. Mo.	
22c. DATE SIGNED 11-16-1957		23a. BURIAL, CREMATION, REMOVAL (Specify) removal	
23b. DATE 11/18/57		23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	
23d. LOCATION (City, town, or county) (State) Carrollton, Missouri		24. FUNERAL DIRECTOR Mehlebach P. H. 6800 Troost, K. C. Mo.	
25. DATE RECD. BY LOCAL REG. 11-16-57		26. REGISTRAR'S SIGNATURE Neva Minshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

F. H. Wakefield

*Dr. Washburn
Bryant Blvd.
After 1 PM Sat*

2-8531



DEC 17 1957

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 *J. Crowell*

Licensed Embalmer No. *4204*

P. O. Address *H. C. Ma*

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.