

SP
Health, Welfare
Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018275
STATE FILE NUMBER
2583

FILED JUN 5 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2583

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) KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3760 MERCIER ST.		Length of stay in 1b 47 yrs	d. STREET ADDRESS (If outside, give location) 3760 MERCIER STREET

3. NAME OF DECEASED (Type or print) First MIDDLE Last BELLE E. HUSSER			4. DATE OF DEATH Month Day Year May 19 1958		
---	--	--	---	--	--

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 MARCH 22, 1884	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
------------------	---------------------------	---	------------------------------------	---------------------------------------	---	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC	11. BIRTHPLACE (City and state or country) LINESVILLE, PENNSYLVANIA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	--	--

13a. FATHER'S NAME GEORGE W. BALDWIN	13b. MOTHER'S MAIDEN NAME SARAH SIMS	14. NAME OF HUSBAND OR WIFE GEORGE M. HUSSER
---	---	---

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. 495-10-4696	17. INFORMANT GEORGE M. HUSSER, 3760 MERCIER, K.C.Mo.
---	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL DEGENERATION DUE TO (1) ARTERIAL HYPERTENSION DUE TO (2) RT Hip fracture 3 1/2 mo ago Oper Research Hosp.		INTERVAL BETWEEN ONSET AND DEATH 4 weeks 12 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 1951 to May 19, 1958 and last saw her alive on May 17, 1958 Death occurred at 3:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE (Type or title) Herbert Tutthill M.D.	22b. ADDRESS 1211 Rialto Bldg	22c. DATE SIGNED May 19, 1958
---	----------------------------------	----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	23b. DATE MAY 21, 1958	23c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
--	---------------------------	--	---

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1327 BRUSH CREEK KANSAS CITY, MO	25. DATE RECD. BY LOCAL REG. 5-21-58	26. REGISTRAR'S SIGNATURE Herbert Tutthill
--	---	---

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION
 Herbert Tutthill
 All diseases in Part I must be causally related.

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 *Thomas W. Holson*

Licensed Embalmer No. *4889*

P. O. Address. *D.C. 276*

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.