

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018499

STATE FILE NUMBER 2642

FILED JUN 11 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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|--|--------------------------|---|---|
| 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 TOWN 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 5731 PROSPECT AVE | | Length of stay in lb 46 YEARS | d. STREET ADDRESS (If outside, give location) 5731 PROSPECT AVENUE |
| 3. NAME OF DECEASED (Type or print) First Middle Last GEORGE WASHINGTON SHUSTER | | | 4. DATE OF DEATH Month Day Year MAY. 21. 1958 |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH DEC-15-1863 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONTRACTOR | | 10b. KIND OF BUSINESS OR INDUSTRY LANDSCAPING | 11. BIRTHPLACE (City and state or country) HENRY COUNTY, MISSOURI |
| 13a. FATHER'S NAME HENRY SHUSTER | | 13b. MOTHER'S MAIDEN NAME UNKNOWN | 14. NAME OF HUSBAND OR WIFE MRS PRUDENCE LASKY SHUSTER |
| 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. NONE | 17. INFORMANT ALFRED SHUSTER Address 5731 PROSPECT AVENUE KANSAS CITY, MISSOURI |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Severe concussion of the brain with hemorrhage DUE TO (b) a fall in his home. DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Aortic stenosis and chronic myocarditis & nephritis. | | | INTERVAL BETWEEN ONSET AND DEATH 24 hours E9040 21 |
| 20a. ACCIDENT <input checked="" 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.) Fell in his home and struck his head on the floor. | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 5-20-58 | | Approx 7:00 A.M. May 20, 1958 | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | 20f. CITY, TOWN, OR LOCATION 123 COUNTY STATE Kansas City Jackson Mo. |
| 21. I attended the deceased from _____ to _____ Death occurred at 8:00 A. _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | and last saw him alive on May 20, 1958 | |
| 22a. SIGNATURE (Degree or title) James W. Graham M.D. | | 22b. ADDRESS 518 Argyle Bldg K C Mo | 22c. DATE SIGNED 5/21/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION | 23b. DATE MAY 24 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 1331 BRUSH CREEK KANSAS CITY, MO. | 25. DATE RECD. BY LOCAL REG. 5-24-58 |
| | | | 26. REGISTRAR'S SIGNATURE neva minshall |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

James W. Graham

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 *Donald L. [Signature]*

Licensed Embalmer No. *4250*

P. O. Address *Mc [Signature]*

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.