

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028356

STATE FILE NUMBER

5130

862

FILED AUG 18 1958

Registration District No. 42

Primary Registration District No.

Registrar's No.

5. 300
1-57
3

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rush Township		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway 59 South		d. STREET ADDRESS (If outside, give location) 124 Alabama St.	
3. NAME OF DECEASED (Type or print) First Middle Last WALTER J. KUSH		4. DATE OF DEATH Month Day Year August 10, 1958	
5. SEX Male	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 Sept. 12, 1911
10a. USUAL OCCUPATION (Give kind of work done during the last part of working life, even if retired) Welder		10b. KIND OF BUSINESS OR INDUSTRY Swift & Co.	11. BIRTHPLACE (City and state or country) Germany
13a. FATHER'S NAME Joseph Kush		13b. MOTHER'S MAIDEN NAME Nellie Plecan	14. NAME OF HUSBAND OR WIFE Hazel Kush
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 487-09-1230	17. INFORMANT Address Hazel Kush, 124 W. Alabama St. City
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Traumatic Shock + hemorrhage of aorta DUE TO (b) Fractured Skull + Broken Ribs DUE TO (c) Collision motor cycle PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) Motor cycle crashed into rear of car	
20c. TIME OF INJURY Hour Month, Day, Year 5:40 p.m. Aug 10 1958		1 mile south of intersection 59 + 116 Highway Buchanan Co MO	
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, store, street office bldg., etc.) Highway	
21. I attended the deceased from Death occurred at 5:40 p.m.		20f. CITY, TOWN, OR LOCATION 811 COUNTY Buchanan Co MO STATE MO	
22a. SIGNATURE (Degree or title) S.E. Murray M.D. Coronar		22b. ADDRESS 214 Kirkpatrick St. Joseph Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug 13, 1958	
23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet		23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
24. FUNERAL DIRECTOR John E. Lee		25. DATE RECD. BY LOCAL REG. Aug 12, 1958	
26. REGISTRAR'S SIGNATURE Mr. Clark Harrell			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

AUG 25 1958

SEP 24 1958

OCT 20 1958

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, ~~only~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *John E. Peep*

Licensed Embalmer No. *7986*

P. O. Address *Albany*

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.