

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039896

STATE FILE NUMBER

FILED NOV 24 1958

Registration District No. 149 Primary Registration District No. 12.02 Registrar's No. 5302

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>6637 Tracy</b>		d. STREET ADDRESS (If outside, give location) <b>6637 Tracy</b>	
Length of stay in lb <b>56yrs.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Raymond</b> Middle <b>J.</b> Last <b>Cushing</b>			4. DATE OF DEATH Month <b>11</b> Day <b>8</b> Year <b>1958</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 11, 1901</b>	9. AGE (In years last birthday) <b>56</b>	10. UNDER 1 YEAR Months <b>5</b> Days <b>11</b> Hours <b>0</b> Min. <b>0</b>	11. UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Record Clerk</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>K.C. Gas Service</b>	11. BIRTHPLACE (City and state or country) <b>Kansas City, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Michael J. Cushing</b>	13b. MOTHER'S MAIDEN NAME <b>Jean F. Byrne</b>	14. NAME OF HUSBAND OR WIFE <b>Metta E. Cushing</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>487-10-8755</b>	17. INFORMANT Address <b>Mrs. Metta E. Cushing 6637 Tracy K.C. Mo.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Malnutrition</b>		INTERVAL BETWEEN ONSET AND DEATH <b>over 6 Mo.</b>
DUE TO (b) <b>Malignant Lymphoma; Lymphatic leukemia</b>		
DUE TO (c) _____		<b>Over 15 Mo</b>
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 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.)
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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	20f. COUNTY	20g. STATE
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21. I attended the deceased from _____ <b>March 47</b> to _____ <b>Nov 8-58</b> and last saw him alive on <b>Nov. 6 1958</b> Death occurred at <b>2:40</b> <b>PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Christa Proyle MD</i>	22b. ADDRESS <b>1232 Professional Bldg</b>	22c. DATE SIGNED <b>11-8-1958</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11-10-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
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24. FUNERAL DIRECTOR <b>Melody-McGilley-Eylar</b>	ADDRESS <b>20 W. Linwood</b>	25. DATE RECD. BY LOCAL REG. <b>11-9-58</b>	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>
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**K.C. Mo.** (Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Glen H. Broyles



Dr. Broyles  
 Prof. Blig  
 Ca 1-4420  
 till 4 PM.

**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 *Wm. H. Gentry* .....

Licensed Embalmer No. *5038*

P. O. Address *K. C. 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.