

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017804

STATE FILE NUMBER 2100

FILED MAY 21 1959

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 2100

300  
-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>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3227 Central</b>		Length of stay in lb <b>80 yrs</b>	d. STREET ADDRESS <b>3227 Central</b>
3. NAME OF DECEASED (Type or print) First <b>EMMA</b> Middle <b>C.</b> Last <b>KUSTER</b>			4. DATE OF DEATH Month <b>4</b> Day <b>25</b> Year <b>59</b>
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>4-24-1874</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and state or country) <b>Lenexa, Kansas</b>
13a. FATHER'S NAME <b>Wendell Krum</b>		13b. MOTHER'S MAIDEN NAME <b>Louise Legler</b>	14. NAME OF HUSBAND OR WIFE <b>Wm. E. Kuster</b>
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>None</b>	17. INFORMANT Address <b>Mrs. Alma Bolt, 3227 Central, K.C. Mo</b>
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>Broncho pneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b>			<b>10 yrs</b>
DUE TO (c) <b>Atherosclerotic Heart Disease</b>			<b>8 yrs</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4200</b>			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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 <b>April 1, 1959</b> to <b>April 24, 1959</b> and last saw her/him alive on <b>April 24, 1959</b> Death occurred at <b>3:00 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Alma Bolt</b> (Degree of title)		22b. ADDRESS <b>4620 Nichols Pkwy</b>	22c. DATE SIGNED <b>4/25/59</b> (State)
23a. BURIAL, CREMATION, REBURYAL (Specify) <b>Burial</b>	23b. DATE <b>4-27-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Washington Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City Mo</b>
24. FUNERAL DIRECTOR ADDRESS <b>Wagner Funeral Home, K.C. Mo</b>		25. DATE RECD. BY LOCAL REG. <b>4-27-59</b>	26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>

All diseases in Part I must be causally related.

FLORENCE E. MAC INNIS BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

12:30

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 *Alvin R. Hauschke*

Licensed Embalmer No. *4159*

P. O. Address *H. C. M.*

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.