

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036099

FILED VS. NOV 2 1959

149

Primary Registration District No. 1002

Registrar's No. 5036

5036

STATE FILE NUMBER

MEMORANDUM

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in lb 20 yrs. 2 days	c. CITY OR TOWN Prairie Village		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	STREET ADDRESS 2911 W. 71 Terrace (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JEAN Middle M. Last BUSCH			4. DATE OF DEATH Month 10 Day 19 Year 59		
5. SEX Fe	6. COLOR OR RACE Wh	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-2-1921	9. AGE (last birthday) 38	IF UNDER 1 YEAR Months Days 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 Own Home	11. BIRTHPLACE (City and state or country) Iola, Kansas		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Ralph Stover		13b. MOTHER'S MAIDEN NAME Helen A. Jackson		14. NAME OF HUSBAND OR WIFE Paul E. Busch	
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. 514-10-3739		17. INFORMANT Address Paul E. Busch, 2911 W. 71 Terrace	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma					INTERVAL BETWEEN ONSET AND DEATH 30 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Primary Carcinoma					3 hrs
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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 10/30/59 to 10/19/59 and last saw her alive on 10/18/59 Death occurred at 6:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
21a. SIGNATURE <i>Robert S. Mc Clanahan MD</i> (Degree or title)			21b. ADDRESS 820 Professional Bldg		21c. DATE SIGNED 10/19/59
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE 10-22-59	22c. NAME OF CEMETERY OR CREMATORY Mt. Moriah		22d. LOCATION (City, town, or county) (State) Kansas City MO
23. FUNERAL DIRECTOR ADDRESS Wagner Funeral Home, N. 6. Mo			25. DATE RECD. BY LOCAL REG. 10-20-59	26. REGISTRAR'S SIGNATURE <i>Irene Minshall</i>	

DOCUMENT

BY AFFIDAVIT OF **Robert S. Mc Clanahan** MEDICAL CERTIFICATION

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. Hansen

Licensed Embalmer No. 4159

P. O. Address Kansas

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.