

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-036284**

**FILED VS NOV 10 1959**

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5147 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>							
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		Length of stay in 1b <b>50 yrs.</b>		c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Trinity Lutheran Hosp.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>3211 Charlotte</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Middle Last <b>SUSIE McPHERSON</b>				4. DATE OF DEATH Month Day Year <b>Oct. 25, 1959</b>							
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>7-13-1869</b>		9. AGE (last birthday) <b>90</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bookkeeper</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>H. J. Cole Co.</b>		11. BIRTHPLACE (City and state or country) <b>Bunker Hill, Ill.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>				
13a. FATHER'S NAME <b>William F. McPherson</b>			13b. MOTHER'S MAIDEN NAME <b>Hannah Carey</b>			14. NAME OF HUSBAND OR WIFE <b>-----</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>---</b>		17. INFORMANT Address <b>Mrs. Mary Gardner - 3221 Charlotte</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>Cerebrovascular Hemorrhage</b> DUE TO (b) <b>Cerebral Sclerosis</b> DUE TO (c) <b>Generalized Sclerosis</b> 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										INTERVAL BETWEEN ONSET AND DEATH <b>13 days</b>	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 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 <b>Oct-12-59</b> to <b>Oct-25-59</b> and last saw her alive on <b>Oct-24-59</b> Death occurred at <b>2:45am</b> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <b>Carl H. Brust</b> (Degree or title)				22b. ADDRESS <b>MD 106 W. 14th St - K. C., Mo.</b>				22c. DATE SIGNED <b>10-26-99</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>10-27-59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Union Cemetery</b>				23d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>			
24. FUNERAL DIRECTOR ADDRESS <b>Mellody-McGilley-Eylar 1800 Linwood</b>				25. DATE RECD. BY LOCAL REG. <b>10-26-59</b>		26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF  
**Carl H. Brust**

*A. Carl Brown*  
*106 W. 14*  
*GR 17*  
*After 2<sup>30</sup> 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 *Arthur Eugene*  
Licensed Embalmer No. 4910

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.