

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015418

FILED VS. MAY 16 1960

149

Primary Registration District No. 1002

Registrar's No. 2468

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in lb <i>TYPE 1WK.</i>		c. CITY OR TOWN HICKMAN HILLS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BAPTIST HOSP.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2900 EAST 110 TH ST.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last ESSIE W HUSCHER				4. DATE OF DEATH Month Day Year MAY 3 1960					
5. SEX FEMALE	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 OCT 7 1901	9. AGE (last birthday) 58 yrs	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR 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 KANSAS CITY MO.		11. BIRTHPLACE (City and state or country) KANSAS CITY MO.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME JESSE WINKLER			13b. MOTHER'S MAIDEN NAME ZERELDA NEWMAN		14. NAME OF HUSBAND OR WIFE IRVIN G. HUSCHER				
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. 495 076517		17. INFORMANT IRVIN HUSCHER 2900 E. 110 ST. Address					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH 18d		
IMMEDIATE CAUSE (a)		<i>Pulmonary edema</i>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		<i>Metastatic carcinoma of lung</i>					
		DUE TO (c)		<i>Endometrial carcinoma uterus</i>					
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 s.m. p.m.		Month, Day, Year							
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 <i>4/26/60</i> to <i>5/3/60</i> and last saw her/him alive on <i>5/2/60</i> Death occurred at <i>3:20 AM</i> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>Irving Howard Clark MD</i>				22b. ADDRESS <i>Hickman Hills, Mo</i>		22c. DATE SIGNED <i>5/3/60</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	23b. DATE MAY 6, 1960	23c. NAME OF CEMETERY OR CREMATORY D. W. NEWCOMER'S SONS		23d. LOCATION (City, town, or county) (State) KANSAS CITY MO.					
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS K. C. MO.			ADDRESS K. C. MO.		25. DATE RECD. BY LOCAL REG. 5-4-60	26. REGISTRAR'S SIGNATURE <i>Irene Minshall</i>			

DOCUMENT

BY AFFIDAVIT OF  
Irving Howard Clark  
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 \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed: Albert H. Love

Licensed Embalmer No. 4812

P. O. Address Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.