

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 14 1960

393

4951 60-034159
STATE FILE NUMBER

Registration District No. 1002 Primary Registration District No. 1002 Registrar's No. 1002

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, North	Length of stay in lb 6 Years	c. CITY OR TOWN Kansas City, North	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 5408 North Tracy		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5408 North Tracy

3. NAME OF DECEASED (Type or print) First Maude Middle Irene Last Bushey			4. DATE OF DEATH Month October Day 3 Year 1960			
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/19/70	9. AGE (last birthday) 89	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Chicago, Illinois	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME _____	13b. MOTHER'S MAIDEN NAME Anna Salley	14. NAME OF HUSBAND OR WIFE John C. Bushey
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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) no	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Virgil Jeter, Kansas City, North Mo.	Address 5408 North Tracy K.C.
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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:		INTERVAL BETWEEN ONSET AND DEATH 30 min
IMMEDIATE CAUSE (a) Myocardial infarction		
DUE TO (b) Coronary artery disease?		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 type="checkbox"/> No <input type="checkbox"/> Unknown
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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 10:30 AM Month, Day, Year 6-18-56	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 Muscotah, Kansas
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21. I attended the deceased from 6-18-56 to 10/3/60 and last saw her 10-2-60 alive on 10-2-60

Death occurred at 10:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE Matthew Dunham	(Degree or title) MD	22b. ADDRESS 2025 Swift N.K.C.Mo.	22c. DATE SIGNED 10/3/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) R. Removal	23b. DATE 10/5/60	23c. NAME OF CEMETERY OR CREMATORY Muscotah Cemetery	23d. LOCATION (City, town, or county) (State) Muscotah, Kansas
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24. FUNERAL DIRECTOR Jos. A. Butler's Sons, K.C. Kansas	25. DATE RECD. BY LOCAL REG. 10-3-60	26. REGISTRAR'S SIGNATURE H-L-Dwyer
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
Dunham

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 Russell W. Demura

Licensed Embalmer No. 3462 MI

P. O. Address Kansas City, Ka

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.