

FILED FEB 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1002
344 Registrar's No.

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 344	
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, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 7/YES		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		1138	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2905 CAMPBELL				d. STREET ADDRESS (If rural, give location) 2905 CAMPBELL			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) G.		c. (Last) CUSICK		4. DATE OF DEATH (Month) (Day) (Year) 1 22 50	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH APRIL 14 1870	
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN				10b. KIND OF BUSINESS OR INDUSTRY Clothing		11. BIRTHPLACE (State or foreign country) KANSAS	
12. CITIZEN OF WHAT COUNTRY? U.S.							
13a. FATHER'S NAME Wm B. Cusick		13b. MOTHER'S MAIDEN NAME MARY DAVIDSON		14. NAME OF HUSBAND OR WIFE MABEL P. CUSICK			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MABEL P CUSICK 1915 HIGH DRIVE			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Atherosclerosis DUE TO (c) II: OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 1 month Several years 2 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 15, 1950, to Jan 22, 1950, that I last saw the deceased alive on Jan 21, 1950, and that death occurred at m., from the causes and on the date stated above.							
23a. SIGNATURE Jack W. Wolf (Degree or title) Jack W. Wolf M.D.				23b. ADDRESS 206 Angelle Hwy Kansas City, Mo.		23c. DATE SIGNED Jan 23, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 12-24-50		24c. NAME OF CEMETERY OR CREMATORY -		24d. LOCATION (City, town, or county) (State) OTTAWA, KANSAS	
DATE REC'D BY LOCAL REG. 1-24-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE + McCLURE K.C.MO			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

S J Allen

Signed.....
Student Embalmer

Licensed Embalmer No. *1415*

P. O. Address.....

K C Mrs

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 this body is not embalmed, fact should be so stated above.