

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12827

State File No. ....

1719

No. 300  
10-48

FILED APR 26 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>JACKSON</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>   |  |
| c. LENGTH OF STAY (in this place) <u>48 YRS.</u>  |  | d. STREET ADDRESS (If rural, give location) <u>801 1/2 CLEVELAND</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>801 1/2 CLEVELAND</u>                                |  | e. STREET ADDRESS (If rural, give location) <u>801 1/2 CLEVELAND</u>  |  |

|  |                       |                          |   |
|--|-----------------------|--------------------------|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>PATRICK</u> | b. (Middle) <u>J.</u> | c. (Last) <u>BUSHELL</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>April - 13 - 1952</u> |
|--|-----------------------|--------------------------|---|

|   |                               |   |   |  |
|---|-------------------------------|---|---|--|
| 5. SEX <u>MALE</u>  | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>DEC-15-1865</u>                       | 9. AGE (In years last birthday) <u>87</u> Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET. EL. OPER. POLICE DEP.</u> |                               | 10b. KIND OF BUSINESS OR INDUSTRY                                     | 11. BIRTHPLACE (State or foreign country) <u>Illinois</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |

|  |  |                             |
|--|--|-----------------------------|
| 13a. FATHER'S NAME <u>John Bushell</u> | 13b. MOTHER'S MAIDEN NAME <u>MARGARET NAVION ROSE N. BUSHELL</u> | 14. NAME OF HUSBAND OR WIFE |
|--|--|-----------------------------|

|   |   |  |  |
|---|---|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>499141298</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>LEWIS BUSHELL</u> | ADDRESS <u>1501 CEDAR ST. INDEP. MO.</u> |
|---|---|--|--|

|   |  |  |   |
|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Endocarditis</u>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 year</u><br><u>1 year</u><br><u>4214</u> |
|   | - ANTECEDENT CAUSES<br>Morbid conditions, if any, giving DUE TO (b) <u>Chronic arteriosclerosis</u> rise to the above cause (a) stating the underlying cause last. |  |   |
|   | DUE TO (c)   |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |   |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) | 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, 1951, to April 13, 1952, that I last saw the deceased alive on Jan 13, 1952, and that death occurred at 11 p.m., from the causes and on the date stated above.

|  |  |                                 |
|--|--|---------------------------------|
| 23a. SIGNATURE <u>Chas. S. Nelson MD</u> (Degree or title) | 23b. ADDRESS <u>7626 1/2 Independence Road</u> | 23c. DATE SIGNED <u>4-14-52</u> |
|--|--|---------------------------------|

|   |                                |  |   |
|---|--------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>APRIL-16-1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>FLORAL HILLS</u> | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, Mo.</u> |
|---|--------------------------------|--|---|

|   |  |  |         |
|---|--|--|---------|
| DATE REC'D BY LOCAL REG. <u>4-15-52</u> | REGISTRAR'S SIGNATURE <u>Sheddine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>C. H. Blackburn &amp; Son, Inc. K.C. Mo.</u> | ADDRESS |
|---|--|--|---------|

(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed W.C. Rinne.....

Licensed Embalmer No. 4879.....

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