

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

14029

State File No. **2118**

FILED MAY 8 1953

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **6002** Registrar's No. _____

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (In this place) 13 YEARS			
d. FULL NAME OF HOSPITAL OR INSTITUTION NURSING HOME MARGARET KATHERANS		d. STREET ADDRESS (If rural, give location) 2641 FOREST STREET	

3. NAME OF DECEASED (Type or Print) a. (First) BLANCHE b. (Middle) BUSBY c. (Last) AULD			4. DATE OF DEATH (Month) (Day) (Year) APRIL 21, 1953		
--	--	--	---	--	--

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 11/26/1868	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Month Days	IF UNDER 24 HRS. 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 SELF	11. BIRTHPLACE (City and State or Foreign Country) PHILADELPHIA, PENN.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
--	---	---	--

13a. FATHER'S NAME SAMUEL H. BUSBY	13b. MOTHER'S MAIDEN NAME JEAN HARPER	14. NAME OF HUSBAND OR WIFE W. D. AULD
---	--	---

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'S SIGNATURE OR NAME MRS. ALICE DAVIS, K.C.MO.	ADDRESS _____
--	-------------------------------------	--	---------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 5 yrs	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis			5 yrs
	DUE TO (c) Senility			5 yrs
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION NO	19b. MAJOR FINDINGS OF OPERATION 4 yrs		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO	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) NO	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 **June, 1952**, to **Apr 21, 1953** that I last saw the deceased alive on **Apr 21, 1953**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE M. B. Casabolt (Degree or title) MD	23b. ADDRESS 4600 Baltimore X. 676	23c. DATE SIGNED 5/12/53
--	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE APRIL 26, 1953	24c. NAME OF CEMETERY OR CREMATORY FRANKFORT, KANSAS	24d. LOCATION (City, town, or county) (State) FRANKFORT, KANSAS
--	---------------------------------	---	--

DATE REC'D BY LOCAL REG. 4-22-53	REGISTRAR'S SIGNATURE Smith	25. FUNERAL DIRECTOR'S SIGNATURE GATES FUNERAL HOME, KANSAS CITY, KANSAS	ADDRESS _____
---	------------------------------------	---	---------------

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Caserio Ct
4000 Baltim

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

Jimmy S. Hubsher
Licensed Embalmer No. 4092

P. O. Address *W. Union, Md*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

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