

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5053**  
**624**

BIRTH NO. **FILED MAR 4 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	c. LENGTH OF STAY (in this place) <b>40 yrs.</b>	c. CITY OR TOWN <b>Kansas City</b>	Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>326 Cypress</b>	<b>3088</b>

3. NAME OF DECEASED (First) <b>GERALDINE</b> b. (Middle) <b>R</b> c. (Last) <b>FORD SCHUSLER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>FEB.-6-1954</b>
(Type or Print) <b>GERALDINE</b>	

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 3</b>	8. DATE OF BIRTH <b>May 23-1881</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months <b>-</b> Days <b>-</b> Hours <b>-</b> Min.	IF UNDER 24 HRS. Hours <b>-</b> Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Sales Lady</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Emery-Bird-Thayer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Howard Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Peter F. Ford</b>	13b. MOTHER'S MAIDEN NAME <b>Vernetta King</b>	14. NAME OF HUSBAND OR WIFE <b>Hus. Schusler</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or no) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>500-22-9527</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Richard A. Schusler</b>	ADDRESS <b>5918 Palm St. E. Mo.</b>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>4201</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Arteriosclerosis</b>		
	DUE TO (b)  DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS 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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Aug 31, 1953**, to **Feb. 6, 1954**, that I last saw the deceased alive on **Feb. 2, 1954**, and that death occurred at **12:50 PM**, from the causes and on the date stated above.

23a. SIGNATURE <b>D.R. Black</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>924 Professional Bldg.</b>	23c. DATE SIGNED <b>2/6/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb. 8-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Green Lawn</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>2-8-54</b>	REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C.H. Blackman &amp; Son Inc.</b>	ADDRESS <b>K.C., Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed *W. C. Rinne*.....

Licensed Embalmer No. *48*.....

P. O. Address *R.C., N.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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