

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8909
State File No. 1186
Registrar's No. 1186

BIRTH NO. FILED MAR 31 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) 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>3 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>436 S Bellaire</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>		3068 0	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Frances</u>	b. (Middle) <u>Pauline</u>	c. (Last) <u>Rush</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 14 1954</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 9, 1931</u>	9. AGE (in years last birthday) <u>22</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas City Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James F Mc Bee</u>	13b. MOTHER'S MAIDEN NAME <u>Ethel Bane</u>	14. NAME OF HUSBAND OR WIFE <u>Cordell Rush</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>552-36-1219</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Cordell Rush</u>	ADDRESS <u>436 S Bellaire, K C Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <u>Pulmonary edema</u>		<u>1-2 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial failure</u> DUE TO (c) <u>Acute glomerulonephritis & uremia</u>		<u>12 hrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic low grade STREPTOCOCCAL SORE</u> <u>lymphatic hemorrhage</u> <u>6 pleurisy</u> <u>THROAT</u>		<u>12 hrs before death</u>	<u>approx 20 days</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>K.C. MO. Jackson MO.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>NONE</u>
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22. I hereby certify that I attended the deceased from FEB 26, 1954, to 3-14, 1954, that I last saw the deceased alive on 3-14, 1954, and that death occurred at 11 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. N. GILLUM</u> (Degree or title) <u>MD.</u>	23b. ADDRESS <u>2926-51th</u>	23c. DATE SIGNED <u>3/16/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>March 18 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>3-16-54</u>	REGISTRAR'S SIGNATURE <u>Steraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Patricia Daniels Parish</u>	ADDRESS <u>1536 mine</u>
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(Licensed Embalmer's Statement on Reverse Side)

Kans. City 9 - Home

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

21144

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

Charles W. Stuchman

Licensed Embalmer No. 45-60

P. O. Address: REMO

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.