Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 27313

Registration District No. 146 Primary Registration District No. 5569 Registrar's No. 391

1. PLACE OF DEATH
a. COUNTY JACKSON (Blooming)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RAYTOWN — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9115 RICHARD ROAD — Length of stay in 1b 1 DAY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY 3418 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2445 TROOST AVE. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First CORA Middle Last RUSCHHAUPT
4. DATE OF DEATH Month SEPTEMBER Day 2 Year 1956
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH APRIL-16-1871
9. AGE (In years last birthday) 85 — IF UNDER 1 YEAR Months 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 AT HOME
11. BIRTHPLACE (City and state or country) INDIANAPOLIS, INDIANA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME HUBER
14. MOTHER'S MAIDEN NAME MARY BAILEY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT JOHN F. RUSCHHAUPT, Address 9115 RICHARDS RD. RAYTOWN, MISSOURI

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4200
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 1:10 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. A. Bruns, M.D. (Degree or title)
22b. ADDRESS 24th & Cherry
22c. DATE SIGNED 9-4-56

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE SEPT. 4. 1956
23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY
23d. LOCATION (City, town, or county) KANSAS CITY (State) MISSOURI

24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS, ADDRESS 3391 BRUSH CREEK KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG. 9-4-56
26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

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SEP 13 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edward M. Sto

Licensed Embalmer No. 49

P. O. Address K. C. 1

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.