

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1535

FILED JAN 14 1957

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 2

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, give TOWNSHIP only) OR TOWN Independence		c. CITY OR TOWN Independence	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS 11321 Winner Rd.	
Length of stay in lb Life		Reside on Farm Yes No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Anna Belle Kieffer Cushwa			4. DATE OF DEATH Jan. 3 1957		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH Nov. 14, 1894		9. AGE (In years last birthday) 62		IF UNDER 1 YEAR: Months 1 Days 19 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-School Teacher		10b. KIND OF BUSINESS OR INDUSTRY School Teacher		11. BIRTHPLACE (City and state or country) Independence, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME John Calvin Cushwa			
14. MOTHER'S MAIDEN NAME Caroline Clay				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yrs, give year or dates of service) None	
16. SOCIAL SECURITY NO. None		17. INFORMANT Miss Caroline B. Cushwa, Indep., Mo.			

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) General peritonitis		INTERVAL BETWEEN ONSET AND DEATH 5 years
DUE TO (b) Hypertension		
DUE TO (c) Over weight		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 331 X		19. WAS AUTOPSY PERFORMED? NO

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 5-31- to 49-1-3-57 and last saw her/him alive on 1-1-57 Death occurred at 1:20 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Edith M. D. Independence, Mo.		22b. ADDRESS		22c. DATE SIGNED 1-4-57	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/5/57		23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR Geo. C. Carson, Independence, Mo.		25. DATE RECD. BY LOCAL REG. 1-4-56		26. REGISTRAR'S SIGNATURE James S. Craig			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Death, coronary, etc. must be casually related. Coroner cannot certify to a death due to natural causes.

JAN 9 1957

MAR 5 1957

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 John A. Redmon Student Embalmer No. 5

working under my personal supervision..

Student John A. Redmon
Signature of Student Embalmer

Signed Floyd C. Carson

Licensed Embalmer No. 41

P. O. Address Indep

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.