

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032571
STATE FILE NUMBER
4527

FILED OCT 15 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		Length of stay in lb 15 yrs.	d. STREET ADDRESS (If outside, give location) 4409 Cypress Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last CORINE BERTHA BUSSEY	4. DATE OF DEATH Month Day Year Sept. 24, 1958
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 2, 1909	9. AGE (In years less birthday) 48	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	10b. KIND OF BUSINESS OR INDUSTRY Bakery Shop	11. BIRTHPLACE (City and state or country) Bunceton, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Henry Gerhardt	13b. MOTHER'S MAIDEN NAME Minnie Cotteman	14. NAME OF HUSBAND OR WIFE Clayton P.
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, none or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 499-24-8514	17. INFORMANT Address Clayton P. Bussey - 4409 Cypress
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma metastatic to Brain Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Carcinoma lungs, right Primary DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 3 months 13 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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.) 11/21
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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 Boonville, Mo.	COUNTY Boonville, Mo.	STATE
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21. I attended the deceased from August 1, 1958 to Sept 24, 1958 and last saw her alive on 9-24-58 <input checked="" type="checkbox"/> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Sam D. Hooper, M.D.	22b. ADDRESS 6232 Troost - K. C., Mo.	22c. DATE SIGNED 9-25-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-27-58	23c. NAME OF CEMETERY OR CREMATORY Walnut Grove, Cemetery	23d. LOCATION (City, town, or county) (State) Boonville, Mo.
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24. FUNERAL DIRECTOR Mellody-McGille y-Eylar	ADDRESS K. C., Mo. 1800 Linwood	25. DATE RECD. BY LOCAL REG. 9-25-58	26. REGISTRAR'S SIGNATURE Reva Minshall
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USE ONLY BLACK INK OR RIBBON TYPEWRITE, IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.
Sam D. Hooper

M. Sam Hooper
6222 Frost
Rt 3-5092
501-5588

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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

Licensed Embalmer No. 3221

P. O. Address Daley, Ill

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.