

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-013243

STATE FILE NUMBER 1646

APR 20 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1646

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 KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION C. CONVALSCENT		d. STREET ADDRESS (If outside, give location) 119 N. QUINCY	
Length of stay in lb 56 YRS.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last EMMA CORDELIA CUSHWA			4. DATE OF DEATH Month Day Year MARCH 30, 1959		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT; 28, 1867	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months Days 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 HOME	11. BIRTHPLACE (City and state or country) COVINGTON, KY;	12. CITIZEN OF WHAT COUNTRY? U.S.A;	
13a. FATHER'S NAME JEFFERSON		13b. MOTHER'S MAIDEN NAME MARGARET MULL		14. NAME OF HUSBAND OR WIFE	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. none	17. INFORMANT MRS; RUTH PERRY	Address 119 N. QUINCY
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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) Chronic myocarditis		INTERVAL BETWEEN ONSET AND DEATH weeks	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary Sclerosis		weeks
	DUE TO (c) Generalized Atherosclerosis		weeks
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 type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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
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21. I attended the deceased from Nov 58 to 3-30-59 and last saw her alive on 3-29-59  
Death occurred at 930 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) P. A. Kienberger	22b. ADDRESS 5246st John	22c. DATE SIGNED 3/31/59
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23a. BURIAL, CREMATION, REBURYAL (Specify) BURIAL	23b. DATE 4-2-59	23c. NAME OF CEMETERY OR CREMATORY MT; WASHINGTON CEM.	23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI
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24. FUNERAL DIRECTOR C. H. BLACKMAN & SON INC.	ADDRESS K.C. Mo. 4-1-59	25. DATE RECD. BY LOCAL REG. neva minshall	26. REGISTRAR'S SIGNATURE
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P. A. Kienberger. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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MEDICAL CERTIFICATION

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 *Bert B. Benne* .....

Licensed Embalmer No. *4656* .....

P. O. Address *H. R. 7* .....

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.