# RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

=60-002072

FILED VS JAN 27 1960

STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 11

| | |
|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY JACKSON<br>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ~~LEES SUMMIT~~ Prairie Twp. — Length of stay in 1b: 7 MONTHS<br>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CEDAR CROFT HOME — Inside Limits: Yes ☐ No ☒ | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE MISSOURI b. COUNTY JACKSON<br>c. CITY OR TOWN ~~LEES SUMMIT~~ Independence RR 4 — Inside Limits: Yes ☐ No ☒<br>d. STREET ADDRESS (If outside, give location) 75th & LEES SUMMIT RD. — Reside on Farm: Yes ☐ No ☒ |

| | | | | |
|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) First: ELIAS Middle: BUSH Last: | 4. DATE OF DEATH Month Day Year: JAN. 15, 1960 | | | |
| 5. SEX: MALE | 6. COLOR OR RACE: CAUC. | 7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐ | 8. DATE OF BIRTH: AUG. 10, 1869 | 9. AGE (last birthday): 90 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER | 10b. KIND OF BUSINESS OR INDUSTRY: FARMING | 11. BIRTHPLACE (City and state or country): ELIZABETHTOWN, KENTUCKY | 12. CITIZEN OF WHAT COUNTRY: USA | |
| 13a. FATHER'S NAME: UNKNOWN | 13b. MOTHER'S MAIDEN NAME: UNKNOWN | 14. NAME OF HUSBAND OR WIFE: UNKNOWN | | |
| 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: MRS. GRACE PARCE | Address: 8902 E. 89th | |

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) Arterio sclerotic Heart disease

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) generalized arterio sclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 1-15-1960, to 1-15-1960 and last saw her/him alive on 1-15-1960

Death occurred at 7 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Philip Taper (Degree or title) M.D. — 22b. ADDRESS Lees Summit, Mo — 22c. DATE SIGNED 1/16/60

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — 23b. DATE: JAN. 18, 1960 — 23c. NAME OF CEMETERY OR CREMATORY: MT. OLIVET — 23d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR: MUEHLEBACH — ADDRESS: 6800 TROOST — 25. DATE RECD. BY LOCAL REG.: 1-16-1960 — 26. REGISTRAR'S SIGNATURE: M. B. Langsford

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

Dr. P. Soper
# 3 E. 3rd St.
Lees Summit.

**STATEMENT BY LICENSED EMBALMER**

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed B. E. Nichols
Signature of Student Embalmer

Licensed Embalmer No. 1997

P. O. Address K. C. Mo

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