

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 19 1960

=60-018295

STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3002 Registrar's No. 64

|  |  |   |  |  |  |   |   |  |
|--|--|---|--|--|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Bates</u>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MO</u> b. COUNTY <u>Bates</u> |  |   |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Butler</u>   |  | Length of stay in lb<br><u>6 days</u>   |  | c. CITY OR TOWN <u>Butler</u>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> |   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Butler Memorial</u>  |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location)<br><u>4 Miles N. 3 Miles East.</u>   |  | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>           |   |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Madonna</u> Middle <u>Genevieve</u> Last <u>Cushard</u>  |  |   |  | 4. DATE OF DEATH<br>Month <u>May</u> Day <u>12</u> Year <u>1960</u>  |  |   |   |  |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>White</u>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>1/31/1910</u>   | 9. AGE (last birthday)<br><u>50</u>  | IF UNDER 1 YEAR<br>Months _____ Days _____  | IF UNDER 24 HR<br>Hours _____ Min. _____          |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>House Wife</u>   |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>none</u>                                     |  | 11. BIRTHPLACE (City and state or country)<br><u>Codell, Kansas</u>  |   | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>      |  |
| 13a. FATHER'S NAME<br><u>James J. McCarley</u>   |  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Minnie Mae Page</u>                                  |  |  | 14. NAME OF HUSBAND OR WIFE<br><u>John Cushard</u>  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>  |  |   | 16. SOCIAL SECURITY NO.<br><u>497-36-4375</u>  |  | 17. INFORMANT<br><u>John Cushard Butler, MO</u><br>Address _____   |   |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebral thrombosis</u><br>DUE TO (b) <u>Chronic hypertension -</u><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  |   |  |  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>5 yrs.</u> |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |   |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><u>None</u>   |  |  |  |   |   |  |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year<br><u>None.</u>  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>    | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u>None.</u>  |  | 20f. CITY, TOWN, OR LOCATION<br><u>Butler, MO</u>  |  | COUNTY _____ STATE _____  |   |  |
| 21. I attended the deceased from <u>1955</u> to <u>5/12/60</u> and last saw her alive on <u>5/11/60</u><br>Death occurred at <u>4 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.  |  |   |  |  |  |   |   |  |
| 22a. SIGNATURE (Degree of title)<br><u>Douglas Howard</u>  |  |   |  | 22b. ADDRESS<br><u>Butler, MO</u>  |  | 22c. DATE SIGNED<br><u>5/15/60</u>  |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>May 15-1960</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Crescent Hill Cemetery</u>   |  | 23d. LOCATION (City, town, or county)<br><u>Adrian, MO</u>   |  | (State) _____   |   |  |
| 24. FUNERAL DIRECTOR<br><u>Atkinson-Sucky</u>  |  |   | ADDRESS<br><u>Adrian, MO</u>   |  | 25. DATE RECD. BY LOCAL REG.<br><u>May 15-1960</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Kendall Korum</u>   |   |  |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert Arthur

Licensed Embalmer No. 4802

P. O. Address Hammond

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