

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-009372

DEPARTMENT OF PUBLIC HEALTH AND WELFARE
 Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 76 STATE FILE NUMBER

DATE AMENDED
 AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

FILED MAR 29 1961

1. PLACE OF DEATH
 a. COUNTY Jasper
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage Length of stay in 1b 13 yrs
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune-Brooks hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Jasper
 c. CITY OR TOWN Carthage Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 724 E. Central Ave Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
MAUDE EMMA CUSHMAN March 13, 1961

5. SEX female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 8-23-1886 9. AGE (last birthday) 74 IF UNDER 1 YEAR IF UNDER 24 HR
 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 domestic 11. BIRTHPLACE (City and state or country) Jasper County, Mo 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John M. Worley 13b. MOTHER'S MAIDEN NAME Elizabeth Spencer 14. NAME OF HUSBAND OR WIFE Walter Cushman

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 Walter Cushman, 724 E. Central Address Carthage, 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) Pyelonephritis acute INTERVAL BETWEEN ONSET AND DEATH 8 days
 DUE TO (b) _____
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Colostomy for Cancer of Sigmoid - 5 yrs
 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 Mar 5, 1961 to Mar 13, 1961 and last saw her/him alive on Mar 12, 1961
 Death occurred at 4:55 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) George K. Wood M.D. 22b. ADDRESS 1515 Hazel, Carthage, Mo 22c. DATE SIGNED 3-13-61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 3-15-61 23c. NAME OF CEMETERY OR CREMATORY Park Cemetery 23d. LOCATION (City, town, or county) (State) Carthage, Mo

24. FUNERAL DIRECTOR KNELL MORTUARY ADDRESS Carthage, Mo 25. DATE RECD. BY LOCAL REG. 3-15-61 26. REGISTRAR'S SIGNATURE W. Clinton

APR 14 1961

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage,

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.