

FILED AUG 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22956
3201

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION 314 N. CHELSEA		d. STREET ADDRESS (If rural, give location) 314 N. CHELSEA 3078	
3. NAME OF DECEASED (Type or Print) a. (First) ETHEL		b. (Middle) Z	
c. (Last) BRIANT		4. DATE OF DEATH (Month) (Day) (Year) July 26, 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH OCTOBER 18, 1869
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Iowa
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME David Hiatt	
13b. MOTHER'S MAIDEN NAME Mary Emily		14. NAME OF HUSBAND OR WIFE Wm. L. BRIANT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME MRS. M. ALLETA SCOTT-K.C.		ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatous Carcinoma of Colon		INTERVAL BETWEEN ONSET AND DEATH 6 weeks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Carcinoma of Colon		unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) Chronic Myocarditis		153X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Generalized Arteriosclerosis		unknown
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1950 to 7-26, 1951, that I last saw the deceased alive on 7-23, 1951, and that death occurred at 6:10P m., from the causes and on the date stated above.

23a. SIGNATURE P.A. Kienberger MD (Degree or title)	23b. ADDRESS 524 2nd St John	23c. DATE SIGNED 7-27-51
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24a. BURIAL, CREMATION, RECEPTION, etc. BURIAL	24b. DATE July 28, 1951	24c. NAME OF CEMETERY OR CREMATORY FREEMAN CEMETERY	24d. LOCATION (City, town, or county) (State) FREEMAN, Mo.
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DATE REC'D BY LOCAL REG. 7-27-51	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. H. Blackman & Son Inc. K.C., Mo
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Dr. Kienberger
St. John's Hospital*

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 _____

J. C. Rinne

Student Embalmer No. *409*

working under my personal supervision.

Student *J. C. Rinne*
Student Embalmer

Signed *Bert B. Bennett*

Licensed Embalmer No. *4656*

P. O. Address: *Hanson City*

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 this body is not embalmed, fact should be so stated above.