

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41517

State File No.

5289

FILED JAN 12 1952

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

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>TRINITY LUTHERAN HOSPITAL</u>		c. LENGTH OF STAY (In this place) <u>25 YEARS</u>	
		d. STREET ADDRESS (If rural, give location) <u>5143 THE PASEO</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELLA</u> b. (Middle) <u>M.</u> c. (Last) <u>BRUECKNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 8. 1951</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>FEB. 15. 1873</u>		9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	
11. BIRTHPLACE (State or foreign country) <u>BROWNSBURG, INDIANA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. KIND OF BUSINESS OR INDUSTRY	

13a. FATHER'S NAME <u>ABRAM BARLOW</u>		13b. MOTHER'S MAIDEN NAME <u>MARY GREER</u>		14. NAME OF HUSBAND OR WIFE <u>THEODORE BRUCKNER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or known) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. A. C. GARROTT</u> ADDRESS <u>5143 THE PASEO KANSAS CITY, MO.</u>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Auricular Fibrillation</u>		<u>several years</u>	
DUE TO (c) <u>Cerebral Thrombosis</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pernicious Anemia</u>		<u>1 week</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Dec 1, 1951, to Dec 8, 1951, that I last saw the deceased alive on Dec 7, 1951, and that death occurred at 6:05 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>John M. Powers</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>3304 Linwood</u>		23c. DATE SIGNED <u>12-8-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>DEC. 10. 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>D.W. NEWCOMER'S SONS</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>12-10-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>			

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
Student Embalmer

Signed *Bernard L. Moran*

Licensed Embalmer No. *4250*

P. O. Address *A. C. No.*

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.