

FILED MAY 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15823
2033

BIRTH NO. _____		REG. DIST. NO. 393		PRIMARY REG. DIST. NO. 1000		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY CLAY		b. CITY (If outside corporate limits, write RURAL and give OR TOWN KANSAS CITY NORTH		a. STATE MISSOURI		b. COUNTY CLAY	
c. LENGTH OF STAY (in this place) 8 YRS		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY NORTH		d. STREET ADDRESS 4228 N. WALNUT		G4 02458	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 4228 N. WALNUT				d. STREET ADDRESS (If rural, give location) 4228 N. WALNUT			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) LUCY	b. (Middle) BELL	c. (Last) BRACKEN	Month MAY	Day 5	Year 1952	Female	6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH MAY 28, 1864		9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) THERTOWN, IND.		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME UNK. BRAMBLETT		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE SOLAND BRACKEN			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. M. F. Chambers 4228 N. Walnut			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebro-vascular accident		3 days					
ANTECEDENT CAUSES		DUE TO (b) essential hypertension					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) arteriosclerosis, generalized					
II. OTHER SIGNIFICANT CONDITIONS		kidney failure with uremia					
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)		331K	
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 May 4, 1952, to May 5, 1952, that I last saw the deceased alive on May 4, 1952, and that death occurred at 11:30 a.m. from the causes and on the date stated above.							
23a. SIGNATURE Walter L. Washburn (Degree or title) Walter L. Washburn M.D.				23b. ADDRESS Gashland, Mo.		23c. DATE SIGNED 5/5/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) RENOVATE		24b. DATE 5-6-52		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) PAWBUSKA, OKLA	
DATE REC'D BY LOCAL REG. 5-5-52		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Newcomer's North Kansas City			

(Licensed Embalmer's Statement on Reverse Side)

120

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

5248
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JUL 1 1950

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 *John J. Givich Jr.*
Licensed Embalmer No. 4848

P. O. Address 832 Avenue Rd. N.J.

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.