

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24370**  
**3027**

FILED AUG 4 1952

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

4

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mission</b>	
c. LENGTH OF STAY (in this place) <b>22 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>6114 Howe Drive</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Crethaven Nursing Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>LEWIS</b> b. (Middle) <b>H.</b> c. (Last) <b>BRUST</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7 2 1952</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>12/21/1864</b>			9. AGE (In years last birthday) <b>87</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>
10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <b>La Porte, Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Ludwig Brust</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Ida C. Brust</b>	
--	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Dr. Carl H. Brust, 6114 Howe Drive, Miss Kan.</b>	
--	--	-------------------------------------	--	--	--

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Thrombosis of right femoral artery</b>			INTERVAL BETWEEN ONSET AND DEATH <b>16 hrs.</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b>			<b>10 years</b>
		DUE TO (c) <b>Cerebral Apoplexy</b>			<b>5 years</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4500</b>			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) (Min.)		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 July, 1947, to July 2, 1952 that I last saw the deceased alive on July 2, 1952, and that death occurred at 10:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Robert A. Moore MD</b>		23b. ADDRESS <b>106W 14th St. K.C. Mo.</b>		23c. DATE SIGNED <b>7/3/52</b>	
--	--	--	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>7/5/52</b>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Roxbury, Kansas</b>	
--	--	-------------------------	--	------------------------------------	--	--	--

DATE REC'D BY LOCAL REG. <b>7-3-52</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>FREEMAN MORTUARY &amp; CHAPEL, K.C., MO.</b>		ADDRESS	
--	--	---	--	--	--	---------	--

(Licensed Embalmer's Statement on Reverse Side)

Mr. Frazier - 10.6.2014 -  
1-5 pm.

**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 *Rayton Barnes*

Licensed Embalmer No. 4793

P. O. Address F.R. Mo.

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.