

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27954
3754

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> <u>3438</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>6 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>533 E 24 Terr.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Delia</u> b. (Middle) <u>ANN</u> c. (Last) <u>Bryant</u>			4. DATE OF DEATH (Month) <u>8</u> (Day) <u>22</u> (Year) <u>1952</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u> <u>3</u>	
8. DATE OF BIRTH <u>4-12-83</u>		9. AGE (In years last birthday) <u>69</u>		10. UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>EMPLOYER-DIET KITCHEN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>K.C. GENERAL HOSP.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ANDERSON COUNTY, KENTUCKY</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>JOSEPHUS S. BRYANT</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET ANN HENDRIX</u>		14. NAME OF HUSBAND OR WIFE <u>CHARLES PUTERBAUGH</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>520-22-2365</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MINNIE PALMER</u>	
ADDRESS <u>3416 LOCUST ST. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		DUPLICATE OF (a) <u>Chronic pyelonephritis</u>				_____	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		DUPLICATE OF (b) _____				_____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		_____				_____	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 7-19, 1952, to 8-22, 1952, that I last saw the deceased alive on 8-22, 1952, and that death occurred at 8:35 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. I. Burns</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>24th & Cherry</u>		23c. DATE SIGNED <u>8-23-52</u>	
24a. BILIBAL CREMATION REMOVAL (Specify)		24b. DATE <u>AUG 23 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HIGHLAND CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>JUNCTION CITY, KANSAS</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. H. Newcomer's Sons</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>			
DATE REC'D BY LOCAL REG. <u>P-23-52</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>			

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

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 _____

Robert Ray

Licensed Embalmer No. 4182

P. O. Address Kansas City, 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.