

31948

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED OCT 3 1952

State File No. _____

 BIRTH NO. 61412 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 367

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived, or institution of residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>INDEPENDENCE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>INDEPENDENCE</u>	
c. LENGTH OF STAY (in this place) <u>8 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>2632 Gibson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>INDEPENDENCE SANITARIUM</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rayson</u> b. (Middle) <u>Sul</u> c. (Last) <u>BROTHERTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9</u> <u>17</u> <u>1952</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>A</u>	8. DATE OF BIRTH <u>9-9-1952</u>	9. AGE (In years last birthday) <u>8</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>					

13a. FATHER'S NAME <u>Robert Brotherton</u>	13b. MOTHER'S MAIDEN NAME <u>Christ Young</u>	14. NAME OF HUSBAND OR WIFE
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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>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Robert Brotherton</u>	ADDRESS <u>Mo</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>RESPIRATORY FAILURE</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>ATELECTASIS</u> DUE TO (c) <u>PREMATURITY (7 1/2 MONTHS)</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>FIRST OF TWINS.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 9-9, 1952, to 9-17, 1952, that I last saw the deceased alive on 9-17, 1952, and that death occurred at 555 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harold V. Woods M.D.</u>	23b. ADDRESS <u>INDEPENDENCE MO</u>	23c. DATE SIGNED <u>9-18-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>9/19/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Mo</u>
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DATE REC'D BY LOCAL REG. <u>9-18-52</u>	REGISTRAR'S SIGNATURE <u>James O. Edley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James O. Edley</u>	ADDRESS <u>Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0485

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 _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 2955

P. O. Address H.C. 410

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.