

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

0480 35341  
State File No. \_\_\_\_\_  
Registrar's No. 420

FILED NOV 5 1952

BIRTH NO. 41965 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City - R.F.O.</u>		c. CITY OR TOWN <u>Kansas City R.F.O. Blue Twp</u>	
c. LENGTH OF STAY (In this place) <u>3 mo</u>		d. STREET ADDRESS (If rural, give location) <u>8846 Lexington Intn Cty -</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8846 Lexington</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Diana</u> b. (Middle) <u>Lee</u> c. (Last) <u>Brannan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct - 19 - 1952</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>June 23 - 1952</u>	9. AGE (In years last birthday) <u>3</u> Days <u>26</u> Hours <u>15</u> Mins. <u>15</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>-</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas City Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Richard Brannan</u>	13b. MOTHER'S MAIDEN NAME <u>Virginia Linville</u>	14. NAME OF HUSBAND OR WIFE: <u>-</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Richard Brannan</u>	ADDRESS <u>8846 Lexington 15. C. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4-5 hrs.</u>  <u>3-4 days</u>  <u>?</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Toxemia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Media</u> DUE TO (c) <u>Iron deficiency Anemia</u>		
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 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) (Min.)	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 Oct 18, 1952, to Oct 19, 1952, that I last saw the deceased alive on Oct 18, 1952, and that death occurred at 4-6 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert A. Russell M.D.</u>	23b. ADDRESS <u>Raytown Mo.</u>	23c. DATE SIGNED <u>Oct 18 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 20 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Oak Grove Mo</u>
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DATE REC'D BY LOCAL REG. <u>10-20-52</u>	REGISTRAR'S SIGNATURE <u>James A. Salyer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Willie Funnell</u>	ADDRESS <u>Home Oak Grove Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

2561 T AON

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.....

Signed.....

*R B Webb*

Signed.....

Student Embalmer

Licensed Embalmer No. 2303

P. O. Address Blue Springs

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.