

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42195

State File No.

5562

FILED JAN 5 1953

BIRTH NO. 84587 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u> b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MERRIAM</u>	
c. LENGTH OF STAY (If this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>7028 MACKEY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DARYL</u> b. (Middle) <u>MAURICE</u> c. (Last) <u>BRINEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 17 1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED, SEPARATE)	
8. DATE OF BIRTH <u>Dec. 14, 1952</u>		9. AGE (In years last birthday) <u>3</u>		10. KIND OF BUSINESS OR INDUSTRY <u>INFANT</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Leo Briney</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Vanderford</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leo Briney</u> ADDRESS <u>7028 Mackey, Merriam, 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ATELECTASIS.</u> ANTECEDENT CAUSES DUE TO (b) <u>PREMATURITY.</u> DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>NONE.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>76-5</u>	
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19a. DATE OF OPERATION <u>None</u>		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) <u>No</u>		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)		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 Dec. 14, 1952, to Dec. 17, 1952, that I last saw the deceased alive on Dec. 17, 1952, and that death occurred at 8:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert C. Swisher, M.D.</u>		23b. ADDRESS <u>5509 Brookside K.C., Mo.</u>		23c. DATE SIGNED <u>12/19/52</u>	
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24a. BURIAL, CREMATION (REMOVAL) (Specify) <u>BURIAL</u>		24b. DATE <u>Dec. 20, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>JOHNSON COUNTY MEM. GARDENS</u>		24d. LOCATION (City, town, or county) (State) <u>OVERLAND PARK KANSAS</u>	
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DATE REC'D BY LOCAL REG. <u>12-19-52</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>V. H. Newcomer</u> ADDRESS <u>1321 BRUSH PARK</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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

Emer Phoenix

Licensed Embalmer No. 2640

P. O. Address Kansas City

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.