

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18955

State File No.

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6964 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>PLATTE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Platte</u>	
b. CITY - (If outside corporate limits, write RURAL and give township) OR TOWN <u>Riverside, Mo. Platte</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Linden Rural Platte</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Rt 5 N.K.C. 6000</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hwa 7 1/2 mi. of U.S. 69</u>			

3. NAME OF DECEASED (Type or Print) <u>IRUEN L. BRENTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 24 1953</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>SEPT. 15 1894</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BRENTON HEATING & SUP.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>MASSENA, IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>/</u>

13a. FATHER'S NAME <u>JAMES L. BRENTON</u>		13b. MOTHER'S MAIDEN NAME <u>IDA E. KESSAL</u>		14. NAME OF HUSBAND OR WIFE <u>BLANCHE BRENTON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>48052895</u>		17. INFORMANT'S SIGNATURE OR NAME <u>R.A. BRENTON</u> ADDRESS <u>Bea</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, asthenia, 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>MULTIPLE SKULL FRACTURE AND INTERNAL CHEST INJURIES</u>		
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>AUTO-BUS COLLISION</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>883 E 8165 26</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HIGHWAY</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>PLATTE Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Roland M. Giffey</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Platte City, Mo.</u>	23c. DATE SIGNED <u>5-24-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-22-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WHITE CHAPEL</u>
	24d. LOCATION (City, town, or county) (State) <u>Clay County Mo.</u>	

DATE REC'D BY LOCAL REG. <u>5.24.53</u>	REGISTRAR'S SIGNATURE <u>Phyllis Rollins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. NEWCOMER'S SONS</u> ADDRESS <u>NORTH KANSAS CITY, MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

830
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APR 16 1953

APR 16 1953

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 L. H. Francis

Licensed Embalmer No. 345-1

P. O. Address Parkville 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.