

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

28007

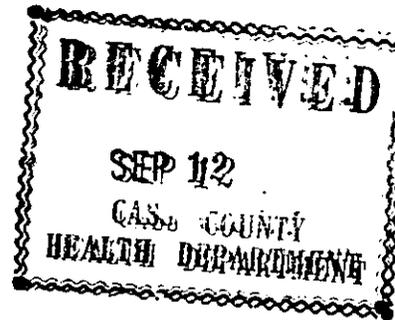
FILED SEP 14 1953

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 135

| | | | | | |
|--|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Cass</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonville</u> | | c. LENGTH OF STAY (in this place) <u>10 min</u> | c. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonville</u> | | 0191 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McWalter Hospital</u> | | | d. STREET ADDRESS (If rural, give location) <u>405 W. Mechem St</u> | | |
| 3. NAME OF DECEASED a. (First) <u>ORION</u> | | b. (Middle) <u>J. L.</u> | c. (Last) <u>BROOKHART</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 5 1953</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Sept 12 1890</u> | 9. AGE (In years last birthday) <u>62</u> | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work during last or working life, if retired) <u>Postmaster</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Cass Co</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>John Carter Brookhart</u> | | 13b. MOTHER'S MAIDEN NAME <u>Anne Agnes Jackson</u> | 14. NAME OF HUSBAND OR WIFE <u>Mary Virginia Brookhart</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of discharge) <u>yes 1st World War</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mary V. Brookhart</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| | | 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 <u>4201</u> | | | | |
| 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) (Min.) | 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 <u>Sept 5, 1953</u> , to _____, 19____, that I last saw the deceased alive on <u>Sept 2, 1953</u> , and that death occurred at <u>6:30 P.M.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>Edwards Jones</u> | | | 23b. ADDRESS <u>Harrisonville, Mo</u> | 23c. DATE SIGNED <u>9-8-53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE <u>Sept 8 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Orient Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo</u> | | |
| DATE REC'D BY LOCAL REG. <u>9-8-1953</u> | REGISTRAR'S SIGNATURE <u>Dora Barriard</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thunnenburger</u> | | | |
| | | ADDRESS <u>Harrisonville Mo</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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



SEP 10 1958

SEP 17 1958

SEP 24 1958

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 *Ernest R. Remmenberger*

Licensed Embalmer No. 3368

P. O. Address *Harrisonville 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.