

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 14 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION D.O.A St. Joseph's Hospt.		e. STREET ADDRESS (If rural, give location) 929 E. Hyde Park Ave. 0117 0	

3. NAME OF DECEASED (Type or Print) DAVID	a. (First)	b. (Middle)	c. (Last) BRINER	4. DATE OF DEATH Jan. 30, 1955
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 27, 1908	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. Gov't. Meat Inspector	10b. KIND OF BUSINESS OR INDUSTRY Meat Packing	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Frank Briner	13b. MOTHER'S MAIDEN NAME Mellie Disney	14. NAME OF HUSBAND OR WIFE Violet Briner
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) W. W. 2	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Violet Briner	ADDRESS 929 E. Hyde Park Ave.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion 1 day		MEDICAL CERTIFICATION St. Joseph, Mo. INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Man Collapsed at his home and was pronounced dead on arrival at St. Joseph's Hospital		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		4201	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? Viewed
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22. I hereby certify that I attended the deceased from 1/30, 1955, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE H. F. Mundy (Coroner)	23b. ADDRESS St. Joseph Mo	23c. DATE SIGNED 1/30/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Feb. 1, 1955	24c. NAME OF CEMETERY OR CREMATORY Highland Park Cem.	24d. LOCATION (City, town, or county) Kansas City, Kansas (State)
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DATE REC'D BY LOCAL REG. Feb 3, 1955	REGISTRAR'S SIGNATURE Esther M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE Clark	ADDRESS Clark Funeral Home St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 12 1955

FEB 14 1955

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.....
Signature of Student Embalmer

Signed..... *James A. Clark*

Licensed Embalmer No. 42

P. O. Address *St. Francis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.