

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11801

FILED APR 28 1955

State File No. ....

BIRTH NO. .... REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1581

1. PLACE OF DEATH  
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)  
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township)  
OR TOWN Kansas City

c. LENGTH OF STAY (In this place)  
30 yrs.

c. CITY OR TOWN Kansas City

d. Is Residence within limits of a city or incorporated town?  
Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1

STREET ADDRESS (If rural, give location)  
2026 Jefferson 3298

3. NAME OF DECEASED (Type or Print)  
a. (First) Myrtle b. (Middle) Winifred c. (Last) Brakeman

4. DATE OF DEATH (Month) (Day) (Year)  
4 8 1955

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
Widowed 2

8. DATE OF BIRTH 1-5-1888

9. AGE (In years last birthday) 67

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housewife

10b. KIND OF BUSINESS OR INDUSTRY  
Home

11. BIRTHPLACE (City and State or Foreign Country)  
Herman, Nebraska

12. CITIZEN OF WHAT COUNTRY?  
U.S.A.

13a. FATHER'S NAME  
John M. Holt

13b. MOTHER'S MAIDEN NAME  
Nancy Shacklett

14. NAME OF HUSBAND OR WIFE  
Deceased Harry C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No.

16. SOCIAL SECURITY NO.  
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17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Mrs/ Dorothy Busted-2026 Jefferson

MEDICAL CERTIFICATION  
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Carcinoma of cervix with metastases  
ANTECEDENT CAUSES  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
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.

INTERVAL BETWEEN ONSET AND DEATH  
171+

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 5, 1955, to April 8, 1955, that I last saw the deceased alive on April 8, 1955, and that death occurred at 10:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title) D

23b. ADDRESS  
24th & Cherry

23c. DATE SIGNED  
4-8-55

24a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

24b. DATE  
4-11-55

24c. NAME OF CEMETERY OR CREMATORY  
Greenlawn Cemetery

24d. LOCATION (City, town, or county) (State)  
Kansas City, Mo.

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE  
4-9-55 Neva Marshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
H. Tigerman & Son's-K.C. Mo.

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

an 3033

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... *H. Leroy Mooney* .....

Licensed Embalmer No. *4776*

P. O. Address... *H. P. Mooney* .....

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.