

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

18084

State File No.

FILED JUN 20 1955

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 182

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u> b. COUNTY <u>Miami</u>	
b. CITY OR TOWN <u>JEFFERSON CITY Mo</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>FONTANA</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARYS HOSP.</u>		STREET ADDRESS (If rural, give location) <u>81508</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ralph</u>	b. (Middle) <u>Allen</u>	c. (Last) <u>BRENTON</u>	4. DATE OF DEATH (Month) <u>JUNE</u> (Day) <u>15</u> (Year) <u>1955</u>
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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>Nov. 25 - 1910</u>	9. AGE (In years last birthday) <u>40</u> If UNDER 1 YEAR: Months <u>4</u> Days <u>4</u> If UNDER 4 HRS. Hours <u>4</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SEWER STATION WATER CUTTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>clothing industry</u>		11. BIRTHPLACE <u>Fontana, Missouri</u> (Foreign Country?)
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				

13a. FATHER'S NAME <u>ALVA A. BRENTON</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie Thomas</u>	14. NAME OF HUSBAND OR WIFE <u>WILMA BRENTON</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W.W.II</u>	16. SOCIAL SECURITY NO. <u>496-01-2252</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wilma Brenton - wife - Fontana, Kan.</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>five hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(arteriosclerosis)</u>		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>fall</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fontana Kansas</u>
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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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>331 X</u>
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I hereby certify that I attended the deceased from June 14, 1955 to June 15, 1955, that I last saw the deceased alive on June 15, 1955, and that death occurred at 4:00 AM, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>R. P. Darris M.D.</u>	23b. ADDRESS <u>Jefferson City, Mo 6-15-55</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>June 17-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bequee Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fontana, Kansas</u>
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DATE REC'D BY LOCAL REG. <u>June 15-1955</u>	REGISTRAR'S SIGNATURE <u>R. P. Darris M.D. - M.R.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard D. Conn. Joplin, Mo</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

1001 9 106

JUL 17 1958

1001 9 106

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 *Richard D. Conn*.....

Licensed Embalmer No. *474*.....

P. O. Address *Lipton, N.Y.*.....

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.