

FILED JUL 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18545**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2711			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS				b. COUNTY WYANDOTTE	
b. CITY (If outside corporate limits, write RURAL and give town or township) KANSAS CITY		c. LENGTH OF STAY (in this place) 15 DAYS		c. CITY OR TOWN KANSAS CITY		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 ST. LUKE'S HOSPITAL				STREET ADDRESS (If rural, give location) 3003 BROWN				8150	
3. NAME OF DECEASED a. (First) CHARLES		b. (Middle) J.		c. (Last) BROGAN		4. DATE OF DEATH (Month) (Day) (Year) JUNE 22, 1955			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH DEC. 29, 1906		9. AGE (In years last birthday) 48 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) CLERK		10b. KIND OF BUSINESS OR INDUSTRY KROGER GROCERY		11. BIRTHPLACE (City and State or Foreign Country) PLEASANTON, KANSAS			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME A. B. BROGAN			13b. MOTHER'S MAIDEN NAME MAY DANNER			14. NAME OF HUSBAND OR WIFE CLARIBEL A. BROGAN			
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. 486-10-6059		17. INFORMANT'S SIGNATURE OR NAME Mrs. CLARIBEL A. BROGAN			ADDRESS 3003 BROWN KANSAS CITY, K.S.		
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHOPNEUMONIA RT. LUNG				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) POST-OPERATIVE				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								3307	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION ANEURYSM OF RT. ANTERIOR CEREBRAL ARTERY						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 Pathologist , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.									
23a. SIGNATURE L. R. Moriarty (Degree or title)				23b. ADDRESS St. Luke's Hospital		23c. DATE SIGNED 6-22-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 25, 1955		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI			
DATE REC'D BY LOCAL REG 6-25-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE O. W. Newcomer		ADDRESS 1331 BROWN CREEK KANSAS CITY, MO			

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Edward M. Stone*

Licensed Embalmer No. *44*

P. O. Address *K.C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.