

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40431  
5036

State File No. ....

FILED DEC 28 1955

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

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>JACKSON</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give town(ship))<br>OR<br>TOWN <u>KANSAS CITY</u> | c. LENGTH OF STAY (In this place)<br><u>Life</u> | c. CITY OR TOWN <u>KANSAS CITY</u>  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>4211 JACKSON</u>  |  | e. STREET ADDRESS (If rural, give location)<br><u>58 4211 JACKSON 35<sup>th</sup></u>   |   |

|                                     |                         |                        |                          |   |
|-------------------------------------|-------------------------|------------------------|--------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Cathy</u> | b. (Middle) <u>Ann</u> | c. (Last) <u>Brammer</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Nov 20 1955</u> |
|-------------------------------------|-------------------------|------------------------|--------------------------|---|

|                      |                               |  |                                       |  |                           |                         |                           |                          |
|----------------------|-------------------------------|--|---------------------------------------|--|---------------------------|-------------------------|---------------------------|--------------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Never Married</u> | 8. DATE OF BIRTH <u>July-11, 1951</u> | 9. AGE (In years last birthday) <u>4</u> | IF UNDER 1 YEAR<br>Months | IF UNDER 2 HRS.<br>Days | IF UNDER 24 HRS.<br>Hours | IF UNDER 1 MIN.<br>Mins. |
|----------------------|-------------------------------|--|---------------------------------------|--|---------------------------|-------------------------|---------------------------|--------------------------|

|   |   |   |   |
|---|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Child</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>AT Home</u> | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>KANSAS CITY, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u> |
|---|---|---|---|

|  |   |  |
|--|---|--|
| 13a. FATHER'S NAME<br><u>William Brammer</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Meyle Bernard</u> | 14. NAME OF HUSBAND OR WIFE<br><u>None</u> |
|--|---|--|

|   |  |   |         |
|---|--|---|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> | 16. SOCIAL SECURITY NO.<br><u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>William Brammer, 4211 Jackson, K.C. Mo.</u> | ADDRESS |
|---|--|---|---------|

|  |   |  |  |
|--|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>49 hr</u> |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia Bronchial</u>   |  |  |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Cerebral Palsy</u><br>DUE TO (c) |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>YES <input 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) | 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 20 Nov, 1955, to 20 Nov, 1955, that I last saw the deceased alive on 20 Nov, 1955, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

|  |   |                                      |
|--|---|--------------------------------------|
| 23a. SIGNATURE <u>Thomas E. Draney</u> (Degree or title) <u>MD</u> | 23b. ADDRESS<br><u>4526 Paseo Kansas City, Mo</u> | 23c. DATE SIGNED<br><u>20 Nov 55</u> |
|--|---|--------------------------------------|

|   |                              |                                    |  |
|---|------------------------------|------------------------------------|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u> | 24b. DATE<br><u>11-20-55</u> | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State)<br><u>Bevier, Missouri</u> |
|---|------------------------------|------------------------------------|--|

|   |   |   |                                    |
|---|---|---|------------------------------------|
| DATE REC'D BY LOCAL REG.<br><u>11-20-55</u> | REGISTRAR'S SIGNATURE<br><u>neva minshall</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Henry G. Edwards</u> | ADDRESS<br><u>Bevier, Missouri</u> |
|---|---|---|------------------------------------|

(Licensed Embalmer's Statement on Reverse Side) By Simon's - K.C. Mo

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

1-2153  
file

**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..... *John R. Sidman*

Licensed Embalmer No. *453*

P. O. Address *Kansas City*

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.