

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33820**
383

No. 300
10. 48

FILED OCT 24 1956

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

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 OR TOWN Kansas City)		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"/>
c. LENGTH OF STAY (in this place) 50 Years		STREET ADDRESS (If rural, give location) 4521 Jefferson Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) BENJAMIN	b. (Middle) FRANKLIN	c. (Last) BROST	4. DATE OF DEATH (Month) (Day) (Year) October 8th, 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 31, 1874
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Clay Co. Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME John Jacob Brost		13b. MOTHER'S MAIDEN NAME Mary Tipton	14. NAME OF HUSBAND OR WIFE Bessie Mae Brost
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 486-10-3899	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edward F. Brost, 8508 Woodland, K. C. Mo.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Acute Gastric Ulcer ANTECEDENT CAUSES: Multiple ulcers of stomach Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Cardiac Dilatation DUE TO (b) Senility DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility	
INTERVAL BETWEEN ONSET AND DEATH: 24 hrs		19. DATE OF OPERATION NO	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. MAJOR FINDINGS OF OPERATION NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO	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.) NO	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 July 17, 1956 , to Oct 8, 1956 , that I last saw the deceased alive on Oct 8, 1956 , and that death occurred at 5:20 pm , from the causes and on the date stated above.			
22a. SIGNATURE M. B. Casebolt M.D. (Degree or title)	22b. ADDRESS 4000 Baltimore	22c. DATE SIGNED 10/9/56	
22a. SIGNATURE M. B. Casebolt M.D.	22b. ADDRESS 4000 Baltimore	22c. DATE SIGNED 10/9/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 10, 1956	24c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery	24d. LOCATION (City, town, or county) (State) Liberty, Mo.
DATE REC'D BY LOCAL REG. 10-9-56	REGISTRAR'S SIGNATURE Neva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Freeman Mortuary, Kansas City, Mo.	

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

Dr. Casabait

Freeman mortuary
LO 1-0930

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.....

Licensed Embalmer No.....

P. O. Address.....

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.