

FILED OCT 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35689

STATE FILE NUMBER

4535

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

| | | | | | |
|---|---|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <i>Jackson</i> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Resident before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <i>Kansas City</i> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>3114 E. 10th</i> | | Length of stay in lb <i>47 yrs.</i> | d. STREET ADDRESS <i>3114 E. 10th</i> | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <i>Lena</i> Middle <i>-</i> Last <i>Bregg</i> | | | 4. DATE OF DEATH Month <i>Sept</i> Day <i>30</i> Year <i>1957</i> | | |
| 5. SEX <i>Female</i> | 6. COLOR OF RACE <i>White</i> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <i>April 21-1882</i> | 9. AGE (In years last birthday) <i>75</i> |
| IF UNDER 1 YEAR Months <i>-</i> Days <i>-</i> Hours <i>-</i> Min. <i>-</i> | IF UNDER 24 HRS. Months <i>-</i> Days <i>-</i> Hours <i>-</i> Min. <i>-</i> | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i> | 10b. KIND OF BUSINESS OR INDUSTRY <i>at home</i> | 11. BIRTHPLACE (City and state or country) <i>West Virginia</i> | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> |
| 13. FATHER'S NAME <i>Elam T. Simons</i> | | | 14. MOTHER'S MAIDEN NAME <i>Caroline Thompson</i> | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i> | | 16. SOCIAL SECURITY NO. <i>-</i> | 17. INFORMANT <i>Wm. A. Bregg</i> Address <i>3114 E. 10th St. C. Mo.</i> | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a); (b); and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pneumonia, hypostatic, bilateral</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Cerebral artery Thrombosis</i> DUE TO (c) <i>Arteriosclerosis, generalized</i> | | | | | INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i> <i>12 days</i> <i>10 yrs.</i> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>332X</i> | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | |
| 20c. TIME OF INJURY Hour <i>-</i> Month <i>-</i> Day <i>-</i> Year <i>-</i> a. m. <i>-</i> p. m. <i>-</i> | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE | |
| 21. I attended the deceased from <i>Aug 12, 1957</i> , to <i>Sept. 30, 1957</i> and last saw <i>her</i> alive on <i>Sept 28, 1957</i> Death occurred at <i>4:30 PM</i> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <i>Leola Henderson Cooper M.D.</i> (Degree or title) | | | 22b. ADDRESS <i>1226 Rialto Bldg.</i> | | 22c. DATE SIGNED <i>10-1-57</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | 23b. DATE <i>Oct 3-1957</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Forest Hill Cem.</i> | 23d. LOCATION (City, town, or county) (State) <i>Kansas City, Mo.</i> | | |
| 24. FUNERAL DIRECTOR <i>C. J. Blackman & Son Inc.</i> ADDRESS | | 25. DATE RECD. BY LOCAL REG. <i>10-1-57</i> | 26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i> | | |

(N. C. M. Licensed Embalmer's Statement on Reverse Side)

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Class
Room

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Bert B. Bennett*

Licensed Embalmer No. *465*

P. O. Address *Kansas*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. ()
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.