

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022172
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 286

JUL 15 1958

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Indep. Sanitarium Length of stay in lb 8 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Independence Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 705 1117 W. South Av. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
KATHRIN BRANTZEL MILLARD

4. DATE OF DEATH Month Day Year
July - 5 - 1958

5. SEX Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH January 6 - 1879 9. AGE (In years last birthday) 79 IF UNDER 1 YEAR: Months - Days - Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY at Home 11. BIRTHPLACE (City and state or country) Whitehall, Ill. U.S.A. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Michael Brantzel 13b. MOTHER'S MAIDEN NAME Eliizabeth Green 14. NAME OF HUSBAND OR WIFE William H. Millard

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. 493-22-8182 17. INFORMANT William H. Millard Address 1117 W. South Av. Indep Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute River Failure
DUE TO (b) Common Heart Obstruction
DUE TO (c) Cholelithiasis 584X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 _____, to _____, and last saw her/him alive on _____
Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James B. Bridgman M.D. 22b. ADDRESS 1509 W. Truman Rd 22c. DATE SIGNED 5 Jul 58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE July 7 - 1958 23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cem. 23d. LOCATION (City, town, or county) Kansas City, Mo.

24. FUNERAL DIRECTOR ADDRESS C. J. Blackman & Son Inc. K.C. Mo. 25. DATE RECD. BY LOCAL REG. 7-7-58 26. REGISTRAR'S SIGNATURE [Signature]

All diseases in Part I must be causally related. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

VS SEP 17 1956

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 *W.C. Quinn*

Licensed Embalmer No. *4879*

P. O. Address *N.C., Ma*

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.