

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039840
STATE FILE NUMBER

FILED DEC 8 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5423

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <i>Jackson</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Kansas</i> b. COUNTY <i>W. Verdell</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> ⁹¹⁵⁰ 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>1426 Main</i> | | Length of stay in 1b <i>1 Week</i> | d. STREET ADDRESS (If outside, give location) <i>3002 W 32 St.</i> |
| 3. NAME OF DECEASED (Type or print) First Middle Last <i>Wesley Homer Brassfield</i> | | | 4. DATE OF DEATH Month Day Year <i>11-14-58</i> |
| 5. SEX <i>Male</i> | 6. COLOR OR 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>4-29-1897</i> |
| 9. AGE (In years last birthday) <i>61</i> | | 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) <i>Barber</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>Barber Shop</i> | 11. BIRTHPLACE (City and state or country) <i>Gardner Kansas</i> |
| 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> | | 13a. FATHER'S NAME <i>Theodore Brassfield</i> | |
| 13b. MOTHER'S MAIDEN NAME <i>Clair Ann Colbroth</i> | | 14. NAME OF HUSBAND OR WIFE <i>Neva Brassfield</i> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give dates of service) <i>No</i> | | 16. SOCIAL SECURITY NO. <i>-</i> | 17. INFORMANT <i>Mrs Neva Brassfield</i> Address <i>K.C., Kansas</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>Gunshot Wound Head</i> | | | INTERVAL BETWEEN ONSET AND DEATH <i>1976</i> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18) <i>Apparently shot himself</i> | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. <i>11-14-58</i> p.m. | | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <i>Barber shop</i> | |
| 20e. CITY, TOWN, OR LOCATION <i>Kansas City</i> | | 20f. COUNTY STATE <i>Jackson MO</i> | |
| 21. I attended the deceased from _____ and last saw him/her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <i>Hugh H. Owens</i> | | 22b. ADDRESS <i>1534 Rio Alto Bldg</i> | 22c. DATE SIGNED <i>11-15-58</i> |
| 23a. BURIAL OR CREMATION, REMOVAL (Specify) | 23b. DATE <i>11-17-58</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cem.</i> | 23d. LOCATION (City, town, or county) (State) <i>Kansas City, Kansas</i> |
| 24. FUNERAL DIRECTOR <i>H. Tegeman & Sons</i> | | ADDRESS <i>K.C., Mo.</i> | 25. DATE RECD. BY LOCAL REG. <i>11-15-58</i> |
| 26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i> | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Hugh H. Owens

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 *H. LeRoy Mooney*

Licensed Embalmer No. *4776*

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.