

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021183

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2942

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUN 28 1961

1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN K.C. Length of stay in lb 9 Mos

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 12120 E 49th St. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

a. STATE Mo. b. COUNTY JACKSON

c. CITY OR TOWN K.C. Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 12120 E 49th St. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last James Moss Bramlette

4. DATE OF DEATH Month Day Year June 13 1961

5. SEX MALE 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 3-18-1877 9. AGE (last birthday) 84

IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER 10b. KIND OF BUSINESS OR INDUSTRY COAL 11. BIRTHPLACE (City and state or country) Elizabeth Town, Ky. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Simoon Bramlette 13b. MOTHER'S MAIDEN NAME SARAH GANAWAY 14. NAME OF HUSBAND OR WIFE SUSAN BRAMLETTE

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. 17. INFORMANT Susan Bramlette Address 12120 E 49th St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Pneumonia - INTERVAL BETWEEN ONSET AND DEATH 3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic emphysema - original

DUE TO (c) Septic embolism et.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Smoking -

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

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 7-15-61 to 6-7-61 and last saw him alive on 6-12-61

Death occurred at 7-15-61 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. Morris, M.D. (Degree or title) 22b. ADDRESS Raytown Clinic - Raytown 22c. DATE SIGNED 6-13-61

23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 6-16-1961 23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cem. 23d. LOCATION (City, town, or county) (State) Pittsburg KANSAS.

24. FUNERAL DIRECTOR Hinton Funeral Home ADDRESS Raytown, Mo 25. DATE RECD. BY LOCAL REG. 6-13-61 26. REGISTRAR'S SIGNATURE Kurt W. Long

(Licensed Embalmer's Statement on Reverse Side)

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. Bidman
Licensed Embalmer No. 4531
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.