

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032746

STATE FILE NUMBER

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4621

AMENDED

FILED OCT 4 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Hugh H. Owens

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in 1b "unknown"
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gregory Blvd. & Oldham Rd. Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Jackson
 c. CITY OR TOWN Raytown Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 8603 Spring Valley Rd. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
ELMER MONROE BRADEN 9 14 61

5. SEX Male 6. COLOR OR RACE Cauc. 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 2-14-13 9. AGE (last birthday) 48 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

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

13a. FATHER'S NAME Samuel Monroe Braden 13b. MOTHER'S MAIDEN NAME Laura Ida Schrader 14. NAME OF HUSBAND OR WIFE Louise Nation Braden

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. "unknown" 17. INFORMANT 8603 Spring Valley Rd. Mrs. Louise Braden: Raytown, 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) Death by Drowning
 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) _____
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes N 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.) Drove into flood waters

20c. TIME OF INJURY Hour 9-136 Month, Day, Year 9-136
 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.) Gregory Blvd 20f. CITY, TOWN, OR LOCATION Kans. City COUNTY Jackson STATE MO

21. I attended the deceased from _____ to _____ and last saw him 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) Hugh H. Owens 22b. ADDRESS 152 Union Station 22c. DATE SIGNED 9-15-61

23a. BIRTHAL CREMATION, REMOVAL (Specify) Removal 23b. DATE 9-15-61 23c. NAME OF CEMETERY OR CREMATORY Rose Lawn Cemetery 23d. LOCATION (City, town, or county) (State) Springfield, Illinois

24. FUNERAL DIRECTOR Weilert Funeral Homes(s) K.C., Mo. ADDRESS 9-16-61 25. DATE RECD. BY LOCAL REG. 9-16-61 26. REGISTRAR'S SIGNATURE Ruth Long

1961 - 9 100 ST

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,

on by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Jack A. Moore

Licensed Embalmer No. 4727

P. O. Address Timberline

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.