

FILED JAN 12 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 564

|   |                                  |   |   |  |   |  |  |
|---|----------------------------------|---|---|--|---|--|--|
| BIRTH NO. _____   |                                  | REG. DIST. NO. <u>73</u>  |   | PRIMARY REG. DIST. NO. <u>4133</u>   |   | Registrar's No. <u>1</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Clay</u>  |                                  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> |   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give town)<br><u>Kearney</u>  |                                  | c. LENGTH OF STAY (in this place)<br>township) _____  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Kearney</u>   |   | 24   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____   |                                  |   |   | d. STREET ADDRESS (If rural, give location) _____  |   |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Ella</u>   |                                  | b. (Middle) <u>Lee</u>  |   | c. (Last) <u>Brubeck</u>   |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Jan 3 50</u>                 |  |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>  | 8. DATE OF BIRTH<br><u>July 7 1862</u>                  | 9. AGE (In years last birthday)<br><u>87</u>   | IF UNDER 1 YEAR<br>Months <u>5</u> Days <u>27</u>                   | IF UNDER 24 HRS.<br>Hours _____ Min. _____                               |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>House Wife</u>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Gen House Wk</u>  |   | 11. BIRTHPLACE (State or foreign country)<br><u>Weston Platt Co Mo.</u>  |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>                            |  |
| 13a. FATHER'S NAME<br><u>G.S. Brackenridge</u>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>EmmaRanda Estes</u>   |   | 14. NAME OF HUSBAND OR WIFE<br><u>James Brubeck</u>  |   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |                                  | 16. SOCIAL SECURITY NO.<br><u>None</u>  |   | 17. INFORMANT'S SIGNATURE OR NAME<br><u>James Brubeck</u>  |   | ADDRESS<br><u>Kearney MO</u>   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                       |                                  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bacterial pneumonia</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><u>Generalized arteriosclerosis + Senility</u><br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>4500</u> |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>48 hrs</u><br><u>4500</u>         |  |
| 19a. DATE OF OPERATION _____  |                                  | 19b. MAJOR FINDINGS OF OPERATION _____  |   |  |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____  |                                  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____  |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____  |   |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____  |                                  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   | 21f. HOW DID INJURY OCCUR? _____   |   |  |  |
| 22. I hereby certify that I attended the deceased from <u>Jan 1 1950</u> , to <u>Jan 3 1950</u> , that I last saw the deceased alive on <u>Jan 3 1950</u> , and that death occurred at <u>3 pm.</u> , from the causes and on the date stated above. |                                  |   |   |  |   |  |  |
| 23a. SIGNATURE (Degree or title)<br><u>Therese W. Heidner MD</u>  |                                  |   |   | 23b. ADDRESS<br><u>Liberty, Mo</u>   |   | 23c. DATE SIGNED<br><u>1-4-50</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |                                  | 24b. DATE<br><u>1-5-1950</u>  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Mt. Olivet</u> |  | 24d. LOCATION (City, town, or county) (State)<br><u>Kearney Mo.</u> |  |  |
| DATE REC'D BY LOCAL REG.<br><u>JAN 6-1950</u>   |                                  | REGISTRAR'S SIGNATURE<br><u>William Haynes</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Leonard Fry</u>   |   | ADDRESS<br><u>MO</u>   |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-480246  
1

RECEIVED

JAN 9

District Health Officer No. 8

District File Number.....

Date Filed 1-11-50

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 .....  
Student Embalmer

Signed Louise Fry.....

Licensed Embalmer No. 1677.....

P. O. Address Kearney 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 this body is not embalmed, fact should be so stated above.