

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4767

572

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>3 2 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		298			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>				d. STREET ADDRESS (If rural, give location) <u>1640 PENNSYLVANIA AVENUE</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u>		b. (Middle) <u>JAMES</u>		c. (Last) <u>Braden</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 6 50</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>FEB-10-1917</u>			
9. AGE (In years last birthday) <u>32 YEARS</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED HYS. DRUG CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GRAHAM DRUG STORE</u>		11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY, MISSOURI</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>MORDIC L. BRADEN</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH GOODWIN</u>		14. NAME OF HUSBAND OR WIFE <u>--</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY (If yes, give war or dates of service) <u>487-07-1983</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. WINFORD COLE</u>		ADDRESS <u>1640 PENNSYLVANIA AVE. KANSAS CITY, MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes mellitus</u>				ANTECEDENT CAUSES					
DUE TO (b) _____				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS					
Coronary arteriosclerosis				Fibrous caseous tuberculosis				260X A	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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)		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>Feb. 5</u> , 19 <u>50</u> , to <u>Feb. 6</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Feb. 6</u> , 19 <u>50</u> , and that death occurred at <u>12:05 Am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Wm. W. Hart</u> (Degree or title)				23b. ADDRESS <u>Med. Dir. Gen'l Hosp.</u>		23c. DATE SIGNED <u>2-6-50</u>			
24a. BURIAL CREMATION REMOVAL (Specify)		24b. DATE <u>FEB-8-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MAPLE HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY KANSAS</u>			
DATE REC'D BY LOCAL REG. <u>2-7-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. H. Newcomer</u>		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 \_\_\_\_\_

*Albert S. Savage*

Student Embalmer No. *360*

working under my personal supervision.

Student *Albert S. Savage*  
Student Embalmer

Signed *Edward M. Storey*

Licensed Embalmer No. *4452*

P. O. Address *K. C. 4 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.