

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1720
Registrar's No. 606

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>606</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackdon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>51 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>1314 Ewing</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1314 Ewing</u>									
3. NAME OF DECEASED (Type or Print) <u>Annie</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>2/6/50</u>			
5. SEX <u>Fem</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>9/7/1858</u>			
9. AGE (In years last birthday) <u>91</u>		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Mins.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Fairbury, Ill</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			13a. FATHER'S NAME <u>Madison Coopers</u>		13b. MOTHER'S MAIDEN NAME <u>Unk</u>		14. NAME OF HUSBAND OR WIFE <u>William P Brents, Dec.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Arthur Brents, 1314 Ewing</u>			ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Decompensated myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral apoplexy</u> DUE TO (c) <u>None</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>5 days</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>					
22. I hereby certify that I attended the deceased from <u>2/2</u> , 19 <u>50</u> , to <u>2/6</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2/6</u> , 19 <u>50</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>J. J. Pocsik</u>				(Degree or title) <u>Dr.</u>		23b. ADDRESS <u>6518 Independence</u>		23c. DATE SIGNED <u>2/8/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/9/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>2-9-50</u>		REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>John P. Sheil, K. C. Mo.</u>			ADDRESS	

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 _____

Student Embalmer No. 235

working under my personal supervision.

Student Garland Slack
Student Embalmer

Signed John P. Shiel

Licensed Embalmer No. 3620

P. O. Address K. C. Md.

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.