

FILED AUG 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26770
3411

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 54 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		d. STREET ADDRESS (If rural, give location) 5645 HARRISON		
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL				3828				
3. NAME OF DECEASED (Type or Print) KATHERINE ELIZABETH BRADAC			a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH		(Month)		(Day)		(Year)		
8		8		50				
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH APRIL 11, 1896		
9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 2 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CASHIER			10b. KIND OF BUSINESS OR INDUSTRY FRED HARVEY'S			11. BIRTHPLACE (State or foreign country) KANSAS CITY, MISSOURI		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME ANTHONY A. BRADAC		13b. MOTHER'S MAIDEN NAME ELLA AHERN		14. NAME OF HUSBAND OR WIFE none		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO. 493-22-6643		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. ANNA V. COFFEY, 5521 MICHIGAN				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis & Sclerosis 12 hours II. OTHER SIGNIFICANT CONDITIONS. (b) Myocardial Infarction of Heart (Heart & Aorta) 12 hours (c) Disrupt of general wall of Left Ventricle 4201						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None				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) (Minute)		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 8-8, 1950 to 8/8, 1950, that I last saw the deceased alive on 8/7, 1950, and that death occurred at 4:30 p.m., from the causes and on the date stated above.								
23a. SIGNATURE John G. Skinner M.D. (Degree or title)				23b. ADDRESS 1402 Bryant		23c. DATE SIGNED 8/9-50		
24. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-11-50		24c. NAME OF CEMETERY OR CREMATORY MT. ST. MARY'S CEMETERY KANSAS CITY, MO.		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. 8-9-50		REGISTRAR'S SIGNATURE Rosaline Holmead		25. FUNERAL DIRECTOR'S SIGNATURE J. J. Donnell		ADDRESS 3256 BROADWAY		

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.

working under my personal supervision.

Student
Student Embalmer

Signed *John W. Laybawne*

Licensed Embalmer No. *1715*

P. O. Address *K. C. 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.