

FILED AUG 26 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26779

State File No. \_\_\_\_\_

3412

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>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>40 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>5918 E 9th St.,</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>622 Benton Blvd.,</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARVEY</u> b. (Middle) <u>B</u> c. (Last) <u>BRONSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8/7/50</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Wid</u>		8. DATE OF BIRTH <u>2/4/1864 1874</u>			
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Ry Engineer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Lincoln, Nebr.</u>		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME <u>Eugene Bronson</u>			13b. MOTHER'S MAIDEN NAME <u>Adeline Richmond</u>			14. NAME OF HUSBAND OR WIFE <u>Jesse Bronson, Dec.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Connelly Bronson,</u> ADDRESS <u>5918 E 9th</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION <u>578</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>				DUPLICATE OF (b) <u>Arterio sclerosis</u>					
ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>				DUPLICATE OF (c) <u>Had 2 previous hemorrhages w/ resultant paralysis</u>					
II. OTHER SIGNIFICANT CONDITIONS <u>Paralysis w/ retention of urine</u>								<u>331*</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>4/24/1950</u> , to <u>8/7/50</u> , 19____, that I last saw the deceased alive on <u>8/7/50</u> , 19____, and that death occurred at <u>3 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Ray J. Gay M.D.</u> (Degree or title)				23b. ADDRESS <u>6044 E Truman Rd.,</u>		23c. DATE SIGNED <u>8/9/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/10/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>8-9-50</u>		REGISTRAR'S SIGNATURE <u>Suzaldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John P. Sheil K. C. Mo.</u>					

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

3

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *John P. Steel*  
Licensed Embalmer No. *3625*

P. O. Address *K 6 2nd*

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.