

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22953

State File No.

FILED AUG 11 1951

2897

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>Kansas</u>				b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>Kansas City, Mo.</u>			c. LENGTH OF STAY (In this place) <u>3 days</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Kansas</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Lakeside Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2605 West 43 Street</u>					
3. NAME OF DECEASED a. (First) <u>Irene</u> (Type or Print)			b. (Middle)		c. (Last) <u>Brackeen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 8 1951</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct, 21, 1913</u>		9. AGE (In years last birthday) <u>37</u> IF UNDER 1 YEAR Months Days IF UNDER 10 HRS. Hours Min.	
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 <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City, Kansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>August Johnson</u>			13b. MOTHER'S MAIDEN NAME <u>Agda Olson</u>			14. NAME OF HUSBAND OR WIFE <u>Truman F Brackeen</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>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>August E. Johnson H.C. 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Virus Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Encephalo-Myelitis</u> DUE TO (c) <u>infectious</u>						INTERVAL BETWEEN ONSET AND DEATH <u>7-8-51</u> <u>082X</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) (Min.)		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>7-7</u> , 19 <u>51</u> , to <u>7-8</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>7-8</u> , 19 <u>51</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Charles Albante, Jr. D.O.</u> (Degree or title)				23b. ADDRESS <u>3 E. 39th St. K.C. Mo</u>			23c. DATE SIGNED <u>7-9-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July, 12, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>7-9-51</u>		REGISTRAR'S SIGNATURE <u>Seroldine Palmer</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gates Funeral Home Kansas City, Ks</u>				

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

3 Feet 39 3/4

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.....

Jimmy S. Hubertson

Licensed Embalmer No. *4092*

Signed.....

Student Embalmer

P. O. Address *Missouri, Home*

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.