

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 2 - 1952

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3032 Registrar's No. 208

1804

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

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| 1. PLACE OF DEATH a. COUNTY <u>Pettis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Oregon</u> b. COUNTY <u>Wheeler</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Portland</u> | |
| c. LENGTH OF STAY (In this place) <u>3 Wks</u> | | d. STREET ADDRESS (If rural, give location) <u>First Pittcock Block</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boswell Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u> b. (Middle) <u>Wah-ton</u> c. (Last) <u>Brotzman</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June - 4 - 1952</u> |
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| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>Sept - 29 - 1897</u> | 9. AGE (If years last birthday) <u>54</u> | IF UNDER 1 YEAR Months <u>9</u> | IF UNDER 1 HR. Hours Mins. |
|-------------------------|----------------------------------|--|---|--|---------------------------------------|----------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>clean</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>U. Pac. R.R. Co</u> | 11. BIRTHPLACE (State or foreign country) <u>Kansas City, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Rev. Craven Walton</u> | 13b. MOTHER'S MAIDEN NAME <u>Anna Buress</u> | 14. NAME OF HUSBAND OR WIFE <u>unk.</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, have unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>552-20-4654</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Howard Walton</u> | ADDRESS <u>Sedalia, Mo</u> |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH <u>few hrs</u> <u>some weeks</u> <u>some time</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Perforation of failure</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Plumel pneumonia</u> DUE TO (c) <u>Coronary illness</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Somewhat frail person</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from 5-1-1952 to 6-4-1952, that I last saw the deceased alive on 6-4-1952 and that death occurred at 1:15 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>R. G. Campbell M.D.</u> | (Degree or title) | 23b. ADDRESS <u>Sedalia, Mo.</u> | 23c. DATE SIGNED <u>6-4-52</u> |
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| 24a. BURIAL, CREMATION, REINTERMENT (Specify) <u>Cremation</u> | 24b. DATE <u>June - 4 - 52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>O.W. NEWCOMER'S CHURCH</u> | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, MO.</u> |
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| DATE REC'D BY LOCAL REG. <u>6-4-52</u> | REGISTRAR'S SIGNATURE <u>R. G. Campbell M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>O.W. Newcomer</u> | ADDRESS <u>Kansas City, MO.</u> |
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251-0

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

Elmer Thomas

Signed.....
Student Embalmer

Licensed Embalmer No. *2640*

P. O. Address *Kansas City, 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.