S. No. 300
V. 10.48

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

FILED NOV 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38545

State File No. 4929

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

4

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 50 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HYDE PARK NURSING HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
d. STREET ADDRESS (If rural, give location): 428 WEST 56TH STREET

3848

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): HINKLE
c. (Last): BRACKEN, SR

4. DATE OF DEATH (Month) (Day) (Year): NOV-10-1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JAN-1-1873
9. AGE (In years last birthday): 79 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED 15 YRS. OPERATOR
10b. KIND OF BUSINESS OR INDUSTRY: BRACKEN NECKWEAR MFG. CO.
11. BIRTHPLACE (City and State or Foreign Country): CARROLLTON, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: CHARLES L. BRACKEN
13b. MOTHER'S MAIDEN NAME: SARAH HINKLE
14. NAME OF HUSBAND OR WIFE: MRS. FRANCES HAMILTON BRACKEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): - - -
16. SOCIAL SECURITY NO.: 495-01-5931
17. INFORMANT'S SIGNATURE OR NAME: MRS. JOHN M. PHILLIPS — **ADDRESS**: 428 W. 56TH ST. KANSAS CITY, MO

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 arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — 15 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4201

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 16 March, 1952, *to* 10 Nov, 1952, *that I last saw the deceased alive on* 10 Nov., 1952, *and that death occurred at* 12:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Blaine Z. Hibbard — (Degree or title): MD
23b. ADDRESS: 411 Nichols Rd. KC Mo
23c. DATE SIGNED: 10 Nov 52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: NOV-12-1952
24c. NAME OF CEMETERY OR CREMATORY: —
24d. LOCATION (City, town, or county) (State): CARROLLTON MISSOURI

DATE REC'D BY LOCAL REG.: 11-12-52
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: O.H. Newcomer's Sons — **ADDRESS**: 1331 BRUSH CREEK KANSAS CITY, MO

(Licensed Embalmer's Statement on Reverse Side)

OCT 19 1959

1:30-5:00

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 Robert Ray

Licensed Embalmer No. 4182

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.

S. No. 300
10.48

NOV 22

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Item # 13b corrected by an affidavit from the informant 11-10-72

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19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
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