

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42189

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

5340

~~DEC 20~~ DEC 20, 1952

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>30 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>4550 J.C. Nichols Parkway</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>EDWARD</b> b. (Middle) <b>(MED)</b> c. (Last) <b>R. BRAUNER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12 6 52</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>9/10/1892</b>	9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Railway Express</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Delavan, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Edward P. Brauner</b>	13b. MOTHER'S MAIDEN NAME <b>Harriett Allen</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Faye Brauner.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>499-09-9977</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Faye Brauner, 4550 J.C. Nichols Pkwy.</b>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>MASSIVE PULMONARY EDEMA</b>		<b>2-3 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>MARKED CACHEXIA HYPOPROTEINEMIA AND MECHANICAL CAUSES</b> DUE TO (c) <b>GENERALIZED CARCINOMATOSIS</b>		<b>Mon. Months</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>153X</b>

19a. DATE OF OPERATION <b>? (4 days ago)</b>	19b. MAJOR FINDINGS OF OPERATION <b>CARCINOMA CAECUM</b>	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) m.	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 **Pathologist**, 19\_\_\_\_, that I last saw the deceased alive on **Dec 6, 1952**, and that death occurred at **9:20 AM**, from the causes and on the date stated above.

23a. SIGNATURE <b>W.R. McPhee</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Research Hospital, 2800 Holmes St., Kansas City, Mo.</b>	23c. DATE SIGNED <b>12/6/52</b>
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24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/8/1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Belton</b>	24d. LOCATION (City, town, or county) (State) <b>Belton, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>12-8-52</b>	REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>FREEMAN MORTUARY &amp; CHAPEL, K.C., MO.</b>	ADDRESS
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

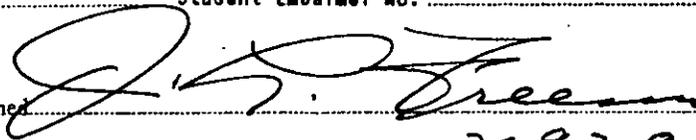
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....

Signed



Licensed Embalmer No. 2939

P. O. Address H. C. 24

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.