

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

10148

State File No.

FILED MAR 27 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1341

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| 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,</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City,</u> | |
| c. LENGTH OF STAY (in this place) <u>2 mo.</u> | | d. STREET ADDRESS (If rural, give location) <u>Kansas City, Mo.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lake Side Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Alma</u> b. (Middle) <u>Brose</u> c. (Last) <u>Warren</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 1, 1953</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>Married</u> | 8. DATE OF BIRTH <u>Mar. 9, 1892</u> | 9. AGE (In years last birthday) <u>60</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|----------------------|-------------------------------|---|--------------------------------------|---|---|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Her Self</u> | 11. BIRTHPLACE (State or foreign country) <u>Shoshone, Idaho</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>Paul J. Brose</u> | 13b. MOTHER'S MAIDEN NAME <u>Pauline Lannech</u> | 14. NAME OF HUSBAND OR WIFE <u>Dr. W. A. Warren</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Dr. W.A. Warren</u> | ADDRESS <u>Kansas City, Kansas</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, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HYPERTENSIVE Labor pneumoemia with pleural effusion</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastasis of liver and lungs</u> | | | <u>Heart</u> |
| | DUE TO (c) <u>Carcinoma of ovary</u> | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of Right Maxillary sinus</u> | | <u>Heart</u> | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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 Dec. 1952, to March 1, 1953, that I last saw the deceased alive on March 1, 1953, and that death occurred at 11:05 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Milton S. Steinberg</u> (Degree or title) | 23b. ADDRESS <u>1902 926 E. 115th, K.C. Mo.</u> | 23c. DATE SIGNED <u>3/1/53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>3-4-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Highland Park</u> | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u> |
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| DATE REC'D BY LOCAL REG. <u>3-5-53</u> | REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Echternacht</u> | ADDRESS <u>1318 QUINDARO BLVD. KANSAS CITY 2, KANSAS</u> |
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Herald B. Cattermole

Licensed Embalmer No. 3035

P. O. Address *Denise 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.