

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED APR 16 1953

State File No. **14055**
1757

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 75 yrs		3488	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If rural, give location) 3827 Broadway	

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ELIZABETH c. (Last) BRANDT			4. DATE OF DEATH (Month) (Day) (Year) 3 30 53		
5. SEX Fe		6. COLOR OR RACE Wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 4-22-1875		9. AGE (In years) (Month) (Day) 77		10. KIND OF BUSINESS OR INDUSTRY Garment Co.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret'd Employee			11. BIRTHPLACE (City and State or Foreign Country) Edwardsville, Kansas		
12. CITIZEN OF WHAT COUNTRY U.S.A.					

13a. FATHER'S NAME Patrick McMahan		13b. MOTHER'S MAIDEN NAME Mary Cloonan		14. NAME OF HUSBAND OR WIFE Frank Brandt	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) XX		16. SOCIAL SECURITY NO. 487-09-7795		17. INFORMANT'S SIGNATURE OR NAME Mrs. Bettye Purcell	
				ADDRESS 4804 Jeff. KC 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, arthritis, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction acute, posterior arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 24 hrs 9 years 4201
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)			
		DUE TO (c) Compression fracture 1st lumbar vertebra			8 days
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 123		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) running home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 3610 Summit K.C. Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3-24-53 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell down, injuring back	

22. I hereby certify that I attended the deceased from 3-24-1953, to 3-30-1953, that I last saw the deceased alive on 3-30-1953, and that death occurred at 8:20 P.m., from the causes and on the date stated above.

23a. SIGNATURE Hubert M. Parker MD (Degree or title)		23b. ADDRESS 306 E 12		23c. DATE SIGNED 3-31-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-1-53		24c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery	
				24d. LOCATION (City, town, or county) (State) Kansas City, Kansas	

DATE REC'D BY LOCAL REG. 3-31-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE J.W. Wagner	
				ADDRESS K 6 Mo.	

(Issued Embelmer's Statute on Reverse Side)

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

V1 - 3233

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 Alvin R. Haunsch

Licensed Embalmer No. 4159

P. O. Address K. C. M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.