

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21495**

FILED JUL 9 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2970</u>							
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kansas</b>				b. COUNTY <b>Saline</b>					
b. CITY OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>12 days</b>		c. CITY OR TOWN <b>Salina</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Lukes Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>222 South Front Street</b>				<b>815-8X</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOSEPH</b>			b. (Middle) <b>W.</b>			c. (Last) <b>BRAMHALL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 12 1953</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>Sept. 1, 1887</b>		9. AGE (In years last birthday) <b>65</b>		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during a part of working life, even if retired) <b>Postal Clerk</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>			
13a. FATHER'S NAME <b>George Bramhall</b>				13b. MOTHER'S MAIDEN NAME <b>No Record</b>				14. NAME OF HUSBAND OR WIFE <b>Mrs. Nell Bramhall</b>					
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>509-34-7428</b>		17. INFORMANT'S SIGNATURE OR NAME <b>George Bramhall</b> ADDRESS <b>Salina Kansas</b>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Brain tumor, left cerebrum</b> <b>malignant</b>								INTERVAL BETWEEN ONSET AND DEATH <b>6 mo.</b>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____											
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>✓</b>								<b>193X</b>			
19a. DATE OF OPERATION <b>6-4-53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Cranotomy &amp; biopsy with ventriculogram.</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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?									
22. I hereby certify that I attended the deceased from <b>5-31-</b> , <b>1953</b> , to <b>6-12-</b> , <b>1953</b> , that I last saw the deceased alive on <b>6-12-</b> , <b>1953</b> and that death occurred at <b>12:15 P.</b> m., from the causes and on the date stated above.													
23a. SIGNATURE <b>Frank R. Teachenor MD</b> (degree or title)								23b. ADDRESS <b>411 Nichol Road</b>		23c. DATE SIGNED <b>6-12-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>6-12-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Gypsum Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Salina, Kansas</b>							
DATE REC'D BY LOCAL REG. <b>6-12-53</b>		REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>Mrs. C. L. Forster</b> ADDRESS <b>F. Home K.C. Mo.</b>							

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed..... *Joe B. Yoder*  
Licensed Embalmer No. *4170*  
P. O. Address..... *K.C.M.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.