

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21499**
Registrar's No. **2860**

FILED JUL 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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

| | | | |
|---|------------------------------|---|--------------------------------------|
| 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 OR TOWN Kansas City | |
| c. LENGTH OF STAY (in this place) 50 yrs. | | 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 6209 E. 16 Th. | | e. STREET ADDRESS (If rural, give location) 6209 E. 16 Th. 32180 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Wilson | | b. (Middle) H. | |
| c. (Last) Brotherton | | 4. DATE OF DEATH (Month) (Day) (Year) 6 8 53 | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 2-23-1879 |
| 9. AGE (In years last birthday) 74 | | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Warehouse Foreman | | 10b. KIND OF BUSINESS OR INDUSTRY Richard & Conover | |
| 11. BIRTHPLACE (City and State or Foreign Country) Kansas | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Steward Brotherton | | 13b. MOTHER'S MAIDEN NAME Dora Farris | |
| 14. NAME OF HUSBAND OR WIFE Nellie Brotherton | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | |
| 16. SOCIAL SECURITY NO. 195-05-0941 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS M. L. Clark 1804 Kensington KCMO. | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma 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. Calcific aortic valvular stenosis | |
| INTERVAL BETWEEN ONSET AND DEATH 18 mos | | 16 1/2 | |
| 10 yrs | | | |
| 19a. DATE OF OPERATION 5-14-52 | | 19b. MAJOR FINDINGS OF OPERATION Biopsy of Bronchus showed Carcinoma | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) | | 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 5-4 , 19 52 , to 6-8 , 19 53 , that I last saw the deceased alive on 6-7 , 19 53 and that death occurred at 1:15 A.M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Martin J. Mueller | | 23b. ADDRESS 934 Angyle Bldg | |
| 23c. DATE SIGNED 6-8-53 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 6-9-53 | |
| 24c. NAME OF CEMETERY OR CREMATORY St. Marys | | 24d. LOCATION (City, town, or county) (State) Kansas City MO. | |
| DATE REC'D BY LOCAL REG. 6-8-53 | | REGISTRAR'S SIGNATURE Sheraldine Smith | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley | | ADDRESS McEylar KCMO. | |

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..... *Melvin Barteau*

Licensed Embalmer No. *4903*

P. O. Address..... *H.C.W.*

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.