

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

FILED SEP 4 - 1953

State File No. **28982**
Registrar's No. **388**

REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **5568**

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) Rural, Blue		c. LENGTH OF STAY (in this place) 50 yrs	
c. CITY (If outside corporate limits, write RURAL and give township) Kansas City (22) (Rural Blue)		d. STREET ADDRESS (If rural, give location) 10110 Golf St. 7000	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, 10110 Golf St.			
3. NAME OF DECEASED a. (First) Newton b. (Middle) R c. (Last) Brannock		4. DATE OF DEATH (Month) (Day) (Year) Aug. 25, 1953	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 2, 1871
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stone mason, retired	11. BIRTHPLACE (City and State or Foreign Country) Butler, Mo.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY construction	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James R. Brannock		13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Dovie Mauck (deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) Spanish American		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Eugene Brannock, Kansas City 22, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral accident DUE TO (c) Hypertensive II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 Jan. 1952 , to 8-24, 1953 , that I last saw the deceased alive on 8-24, 1953 , and that death occurred at 3:03A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) G. M. Bernick, D.O.		23b. ADDRESS 2 Sugar Creek, Mo.	23c. DATE SIGNED 8-25-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/27/53	24c. NAME OF CEMETERY OR CREMATORY Greentown Cemetery
		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 8-27-53		REGISTRAR'S SIGNATURE James R. Brannock	25. FUNERAL DIRECTOR'S SIGNATURE Geo. Blarson ADDRESS Independence, Mo.

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

354-0

(Licensed Embalmer's Statement on Reverse Side)

SEP 11 1959

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 Charles E. Schroeder

Licensed Embalmer No. 4741

P. O. Address Independence, Mo

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.