

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33986

FILED OCT 27 1954

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4744

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>YEARS</u>	c. CITY OR TOWN <u>KANSAS CITY</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2839 TROOST AVENUE TROOST AVENUE NURSING HOME</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS (If rural, give location) <u>31a 2706 MERRINGTON AVENUE</u>		<u>336b</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDNA</u> b. (Middle) <u>MAY</u> c. (Last) <u>LA BRIER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>October 9, 1954</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>FEB. 4, 1888</u>
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>FRGPORT, ILLINOIS</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13. MOTHER'S MAIDEN NAME <u>MARY RATZ</u>	

13a. FATHER'S NAME <u>CHARLES BURKHART</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN CARL LA BRIER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS. ADDIE PERKINS</u>		ADDRESS <u>2914 N. 16 TH ST. KANSAS CITY, MO.</u>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 weeks</u>	
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>3320x</u>	

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) _____ m.		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 July, 1954, to Oct 9, 1954, that I last saw the deceased alive on Oct 8, 1954, and that death occurred at 8:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thomas B. Boed M.D.</u>		23b. ADDRESS <u>Kansas City, Missouri</u>		23c. DATE SIGNED <u>Oct. 11, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Oct-12-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		DATE REC'D BY LOCAL REG. <u>10-12-54</u>		REGISTRAR'S SIGNATURE <u>Neva Menhall</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>D. N. Newcomer</u>		ADDRESS <u>1331 BRUSH CREEK</u>		<u>IND - KANSAS CITY, MISSOURI</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD Marcus B. Bond

1961 JUL 24

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.....
Follie Kessel

Licensed Embalmer No. *469*

P. O. Address *KCM*

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.