

FILED JUL 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44417

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 235

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) OR TOWN <u>Blue Ridge</u>		c. LENGTH OF STAY (in this place) <u>4 mos.</u>	c. CITY OR TOWN <u>INDEPENDENCE</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 PINES REST HOME</u>		d. Is Residence within limits of a city (Incorporated town)? Yes <u>A</u> No <u>D</u>	
• STREET ADDRESS <u>407 NORTH SPRING</u>		(If rural, give location) <u>7005</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>PARTHENIA</u> b. (Middle) <u>ALMIRA</u> c. (Last) <u>ETZENHOUSER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 30 1954</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>SEPT. 9 1868</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>21</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>TENNESSEE</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>ROBERT BROWN</u>		13b. MOTHER'S MAIDEN NAME <u>SALLIE BRIZENDINE</u>		14. NAME OF HUSBAND OR WIFE <u>ALMA C. ETZENHOUSER</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>CHESTER ETZENHOUSER</u> ADDRESS <u>407 N. SPRING</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>10 days</u> <u>chronic</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Thrombosis</u> DUE TO (c) <u>Cerebral Arterio Sclerosis</u>		
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 _____	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 8-9, 1954, to 12-30, 1954, that I last saw the deceased alive on 12-29, 1954, and that death occurred at 1:02 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>David J. Elias M.D.</u> (Degree or title)	23b. ADDRESS <u>Blue Ridge Cut off + 2 mi 40 W. Hwy K. C. Mo. 9. 2 mi</u>	23c. DATE SIGNED <u>12-31-54</u>
---	---	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1/3/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>INDEPENDENCE MO.</u>
---	-------------------------	---	---

DATE REC'D BY LOCAL REG. <u>1-2-55</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FINAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS _____
--	--	---

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

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.....
Wilson L. Taylor

Licensed Embalmer No.....

P. O. Address.....
Indep.

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.