

FILED JAN 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1358

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 14

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 town) INDEPENDENCE		c. LENGTH OF STAY (in this place) 35 YRS.	c. CITY OR TOWN INDEPENDENCE
d. FULL NAME OF HOSPITAL OR INSTITUTION 523 W MAPLE		STREET ADDRESS (If rural, give location) 523 W MAPLE	

3. NAME OF DECEASED (Type or Print) JEANNETTE M BRABY			4. DATE OF DEATH JAN. 8 1955		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 30 1892	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR 7 MONTHS 8 DAYS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DESIGNER		10b. KIND OF BUSINESS OR INDUSTRY CLOTHING	11. BIRTHPLACE (City and State or Foreign Country) KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JULES GIROD	13b. MOTHER'S MAIDEN NAME MARY MUCHELL NEWTON	14. NAME OF HUSBAND OR WIFE R. BRABY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO	16. SOCIAL SECURITY NO. 497-36-8268	17. INFORMANT'S SIGNATURE OR NAME NEWTON R. BRABY
		ADDRESS 523 W. MAPLE

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: Generalized Metastatic Carcinoma - from lungs, pleura, bilateral hydrothorax		INTERVAL BETWEEN ONSET AND DEATH Right 3 years Left 4 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) Adeno-Carcinoma of both mammary glands DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Radical breast amputations			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION both breasts	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 Dec 30, 1953, to Jan 8, 1955, that I last saw the deceased alive on Jan 8, 1955, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE W.H. Allen M.D.	(Degree or title)	23b. ADDRESS Independence, Mo	23c. DATE SIGNED 1-10-54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1/11/55	24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEM.	24d. LOCATION (City, town, or county) (State) JACKSON COUNTY MO
DATE REC'D BY LOCAL REG. 1-11-55	REGISTRAR'S SIGNATURE James H. Dacy	25. FUNERAL DIRECTOR'S SIGNATURE Walter T. Kelly	ADDRESS Independence, Mo

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 *Rufus L. Kelley*.....

Licensed Embalmer No. *427*.....

P. O. Address *Bridge St.*.....

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.