

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11809**
1816

FILED MAY 16 1955

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas city</u>		c. CITY OR TOWN <u>Kansas city</u>	
c. LENGTH OF STAY (in this place) <u>61 YRS.</u>		d. Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah Med. Center</u>		STREET ADDRESS (If rural, give location) <u>5400 Garfield</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> b. (Middle) <u>L.</u> c. (Last) <u>Broman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-23-55</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>5-24-93</u>		9. AGE (In years last birthday) <u>61</u>		10. IF UNDER 1 YEAR Days _____ IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALES MAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GLASS - COOKS</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY, MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>HENNING BROMAN</u>		13b. MOTHER'S MAIDEN NAME <u>EMMA HOLTING</u>		14. NAME OF HUSBAND OR WIFE <u>Lucille BROMAN</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>487-09-8014</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lucille Broman - 5400 Danfeel K.C. 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulm. Edema + Cong.</u> ANTECEDENT CAUSES <u>Mitral + Aortic Stenosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumatic Ht. Dis.</u> DUE TO (c) <u>None</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 WK</u> <u>MANY</u> <u>3 YEARS</u> <u>410A</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) (Min.)		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 MAY 15, 1953, to 4/23/55, that I last saw the deceased alive on 4/23/55, and that death occurred at 5 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harold Passman</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>701 E 63</u>		23c. DATE SIGNED <u>4/23/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APRIL-25-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>KAN. CITY MO</u>					

DATE REC'D BY LOCAL REG. <u>4-25-55</u>		REGISTRAR'S SIGNATURE <u>neva minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.W. Newbauer, 2000 Kan. City, Mo.</u>	
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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 *Albert L. Savage*.....

Licensed Embalmer No. *481*.....

P. O. Address *Kansas City*.....

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.