

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 16 1955

2213

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2213</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u> b. COUNTY <u>JOHNSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>10 days</u>		c. CITY OR TOWN <u>OVERLAND PARK</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Northeast Osteopathic Hosp.</u>				STREET ADDRESS (If rural, give location) <u>6936 FLOYD</u> <u>8758</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Waldo</u> b. (Middle) <u>JUNKIN</u> c. (Last) <u>Brent</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 20 1955</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN-15-1874</u>		9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OWNER & OPERATOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BRENT PRINTERS</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MUSCATINE, IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>RICHARD H. BRENT</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND-OR WIFE <u>MRS. JENNIE BRENT</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>497-36-6788</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. JENNIE BRENT</u> ADDRESS <u>6936 FLOYD OVERLAND PARK, KS.</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Infarction</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 Min.</u> <u>10 years</u> <u>4 1/2</u>
19a. DATE OF OPERATION <u>5-19-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Hypertrophy of Prostate</u>				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 <u>May 10</u> , 19 <u>55</u> , to <u>May 20</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>May 20</u> , 19 <u>55</u> , and that death occurred at <u>8:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>F. W. Thompson</u> (Degree or title) <u>Do.</u>				23b. ADDRESS <u>705 Bryant Bldg.</u>		23c. DATE SIGNED <u>5-20-55</u>	
24a. BURIAL CREMA-TION (REMOVAL) (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 23 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CORINTH CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ON 83RD STREET OFF MISSION ROAD - JOHNSON KANSAS</u>	
DATE REC'D BY LOCAL REG. <u>5-23-55</u>		REGISTRAR'S SIGNATURE <u>Neve Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dr. Newcomer's Sons</u> ADDRESS <u>1331-DASH CREEK KANSAS CITY, MO.</u>			

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 *Chester K Brown*

Licensed Embalmer No. *493*

P. O. Address *K C H*

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.