

FILED DEC 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40694

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5268

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give townships) <b>Kansas City</b>		c. LENGTH OF STAY (to this place) <b>6.5 yrs</b>	c. CITY OR TOWN <b>Kansas City</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>		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) <b>717 Cleveland</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>PEARL</b>	b. (Middle) <b>D.</b>	c. (Last) <b>La BRASH</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 4, 1955</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 22, 1887</b>
9. AGE (In years last birthday) <b>68</b>		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Argentine, Kansas.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Vanderwalker</b>	14. NAME OF HUSBAND OR WIFE <b>Edward LaBrash</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Edward LaBrash, 717 Cleveland, K.C., Mo.</b>

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction - acute</b>		<b>40 minutes</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>hypertensive heart disease</b>		<b>7 years</b>
DUE TO (c) <b>advanced age</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>443X</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 June 1949, to Dec 4, 1955, that I last saw the deceased alive on Dec 4, 1955, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>R. Paul Wright</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Kansas City - 6th No 1324 Prof. Bldg.</b>	23c. DATE SIGNED <b>Dec 5-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>12-7-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>
DATE REC'D BY LOCAL REG. <b>12-5-55</b>	REGISTRAR'S SIGNATURE <b>Neva Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>FREEMAN MORTUARY, Kansas City, Mo.</b>	

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

V1-2-1368

12:45 - 4:30 PM.  
MON.

1324

1120

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 *Max W. Kukendoll*

Licensed Embalmer No. *463*

P. O. Address *K.C.*

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.