

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1213

STATE FILE NUMBER

FILED FEB 4 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 333

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY Wyandotte				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V.A. HOSPITAL			Length of stay in 1b 1 mo.		d. STREET ADDRESS 837 WASHINGTON Blvd.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ROY Middle J. Last BRADDOCK				4. DATE OF DEATH Month 22 Day 20 Year 1957				
5. SEX 2 MALE	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 11-23-14		9. AGE (In years last birthday) 42 1/2 yrs	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10b. KIND OF BUSINESS OR INDUSTRY Restaurant		11. BIRTHPLACE (City and state or country) Mound City, Ill.		12. CITIZEN OF WHAT COUNTRY? U. S.		
13. FATHER'S NAME James Braddock				14. MOTHER'S MAIDEN NAME Jessie Edgison				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1-20-42 to 1-11-46			16. SOCIAL SECURITY NO. 523 07 9711		17. INFORMANT V.A. Hospital, Records			Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinoma of the rectum							INTERVAL BETWEEN ONSET AND DEATH 154 1/2	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY. Hour a. m. Month, Day, Year p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. attended the deceased from December 21, 1956 to January 20, 1957 ^{last} deceased Death occurred at 7:10 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE HOWARD P. FINN				22b. ADDRESS V.A. Hospital, Kansas City, Mo		22c. DATE SIGNED 1/21/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-24-1957	23c. NAME OF CEMETERY OR CREMATORY Veterans Cemetery		23d. LOCATION (City, town, or county) Wadsworth, Kansas		(State)	
24. FUNERAL DIRECTOR Mrs. J. W. Jones			ADDRESS 440 State ave. K. C., Kansas		25. DATE RECD. BY LOCAL REG. 1-23-57		26. REGISTRAR'S SIGNATURE Reva Marshall	

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 *Eugene English*

Licensed Embalmer No. 410

P. O. Address 440 S. K.C. Home

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.