FILED MAR 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4623
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 878

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TRINITY LUTH. HOSP. — Length of stay in 1b 20 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY 3918 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 712 WEST 74th STR. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First BARBARA Middle ELIZABETH Last CASSITY
4. DATE OF DEATH Month FEB. Day 24 Year 1957
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH DEC. 4, 1865
9. AGE (In years last birthday) 91 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY AT HOME
11. BIRTHPLACE (City and state or country) OHIO
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME SAMUEL BOWSHR
14. MOTHER'S MAIDEN NAME AUGUSTA BURMEISTER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT MILES E. DORSEY, Address GIRARD, KAN

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia — 2
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Gangrene Rt Leg — 5 days
DUE TO (c) Generalized Arteriosclerosis — 10 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Amputation Rt leg — Feb-21-57 4501 — 19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 2
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb-13-57 to Feb-24-57 and last saw her/~~him~~ alive on Feb-23-57
Death occurred at 8:05 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Carl H Brust (Degree or title) M.D.
22b. ADDRESS 106 W 14th St KC, Mo
22c. DATE SIGNED Feb-24-57

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE 2-24-57
23c. NAME OF CEMETERY OR CREMATORY —
23d. LOCATION (City, town, or county) GIRARD (State) KANSAS

24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS ADDRESS 1331 BRUSH CREEK BLVD., K.C., MO.
25. DATE RECD. BY LOCAL REG. 2-24-57
26. REGISTRAR'S SIGNATURE Reva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in reporting diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Carl H. Brust

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Edward M. Ste

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Licensed Embalmer No.....

P. O. Address K.C. 10

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.