

Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death, due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8573

FILED APR 2 - 1957

STATE FILE NUMBER
1127

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1127

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>Wyandotte</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Bethel</u> ⁸¹⁵⁰⁸⁰		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Trinity Lutheran</u>				Length of stay in lb <u>2 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>9307 Kansas Ave</u>	
3. NAME OF DECEASED (Type or print) First <u>Ahzella</u> Middle <u>L.</u> Last <u>Brown</u>				4. DATE OF DEATH Month <u>3</u> Day <u>8</u> Year <u>1957</u>			
5. SEX <u>Female</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>5-8-1902</u>		9. AGE (In years last birthday) <u>54</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> IF UNDER 24 HRS. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Music Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>		11. BIRTHPLACE (City and state or country) <u>Galena, Kan.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Eli Pruitt</u>				14. MOTHER'S MAIDEN NAME <u>Ella Butler</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>"Unk"</u>		17. INFORMANT <u>Wm. H. Pruitt</u> Address <u>3136 Grand</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchopneumonia Bilateral</u> DUE TO (b) <u>Cardiac Dilatation</u> DUE TO (c) <u>Cachexia of Starvation</u> (multiple) PART II. <u>Secondary</u> CAUSES (If any, which gave rise to above cause (a), stating the underlying cause last.) <u>Generalized Spinal Cord Trauma</u> <u>Generalized Spinal Cord Trauma</u> (not related to the terminal disease condition given in Part I) 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>						INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>1 wk</u> <u>4 mos</u>	
20a. ACCIDENT <input checked="" 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.) <u>Rt Femur - Fall from chair in home</u>					
20c. TIME OF INJURY Hour <u>3:45</u> Month <u>Aug</u> Day <u>15</u> Year <u>55</u> a. m. <u>3:45</u> p. m. <u>3:45</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION <u>Kansas City</u> COUNTY <u>Wyandotte</u> STATE <u>Kans</u>	
21. I attended the deceased from <u>Aug-21-55</u> to <u>Mar-8-57</u> and last saw her alive on <u>Mar-8-57</u> <input checked="" type="checkbox"/> Death occurred at <u>7:30</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Carl H. Brust</u> (Degree or title) <u>M.D.</u>				22b. ADDRESS <u>106 W 14th St K.C. Mo</u>		22c. DATE SIGNED <u>Mar-9-57</u>	
23a. BURIAL, CREMATION, OR HOVALY (Specify) <u>Burial</u>		23b. DATE <u>3-11-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>		
24. FUNERAL DIRECTOR <u>Weilert's</u> ADDRESS <u>6900 Troost, K.C. Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>3.11.57</u>		26. REGISTRAR'S SIGNATURE <u>Reva Marshall</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Br. Carl H. Brust

521-0060

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..... *B. E. Weiler*

Licensed Embalmer No. *401*

P. O. Address *L.C.S.*

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.