

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 16 1957

STATE FILE NUMBER 1496

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

Health, Welfare Public Service

300 1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
M. D.  
Jack B. Brams

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, give TOWNSHIP only) OR TOWN <b>Kansas City,</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Menorah Medical Center</b>			Length of stay in lb <b>Life</b>		d. STREET ADDRESS <b>628 So. Hardesty</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Patrick</b> Middle <b>M</b> Last <b>Kelly</b>				4. DATE OF DEATH Month <b>3</b> Day <b>28</b> Year <b>57</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>1-7-24 1895</b>		9. AGE (In years last birthday) <b>62</b>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life (see) if retired) <b>Bldg. Maint Dept Jackson Court House</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state, or country) <b>Kansas City, Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>U S</b>		
13. FATHER'S NAME <b>Patrick M. Kelly</b>				14. MOTHER'S MAIDEN NAME <b>Hannah Phelan</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes Navy WWII 1949-16-9785</b>			16. SOCIAL SECURITY NO. <b>499-16-9785</b>		17. INFORMANT Address <b>Mrs Patrick Kelly - K. C., Mo</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary atherosclerotic infarction</b> 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(n)								INTERVAL BETWEEN ONSET AND DEATH <b>4201</b>	
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 _____ Month _____ Day _____ a. m. _____ p. m. _____									
20d. INJURY OCCURRED WHILE AT <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. I attended the deceased from <b>Mar 26-57</b> to <b>Mar 28-57</b> and last saw her/him alive on <b>Mar 28-57</b> . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>Jack B Brams, M.D.</b> (Degree or title)				22b. ADDRESS <b>1103 Lawrence</b>			22c. DATE SIGNED <b>3-30-57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>Mar. 30, 1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>St Mary Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo</b>			
24. FUNERAL DIRECTOR ADDRESS <b>Melody M. Miller, Equis. K.C., Mo</b>			25. DATE RECD. BY LOCAL REG. <b>3-30-57</b>		26. REGISTRAR'S SIGNATURE <b>neva minshall</b>				

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**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.....

Licensed Embalmer No.....

P. O. Address .....

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.