

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16957

State File No. _____

FILED MAY 29 1957

2181

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (In this place) 3 1/2 yrs		c. CITY OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2		e. STREET ADDRESS (If rural, give location) 4330 2442 Harrison			

3. NAME OF DECEASED. (Type or Print)			4. DATE OF DEATH		
a. (First) Mattie	b. (Middle) Jeanne	c. (Last) Brackens	(Month) May	(Day) 7	(Year) 1957

5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid.	8. DATE OF BIRTH May 10, 1895	9. AGE (In years last birthday) 61 yrs.	IF UNDER 1 YEAR Months 61	IF UNDER 4 HRS. Days 61	Hours 61	Min. 61
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Memphis, Tennessee	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Young	13b. MOTHER'S MAIDEN NAME Anna Donahue	14. NAME OF HUSBAND OR WIFE Spencer Brackens
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ocie Anderson, sister	ADDRESS 2442 Harrison
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH .491X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? / YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 5-2-57, 1957, to 5-7-57, 1957, that I last saw the deceased alive on 5-7-57, 1957, and that death occurred at 11:45 Pm., from the causes and on the date stated above.

23a. SIGNATURE W. R. Peterson	(Degree or title) of 23b. ADDRESS 600 East 22nd Street	23c. DATE SIGNED 5-10-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-11-57	24c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn	24d. LOCATION (City, town, or county) (State) Kans. City, Mo.
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DATE REC'D BY LOCAL REG. 5-10-57	REGISTRAR'S SIGNATURE New Marshall	25. FUNERAL DIRECTOR'S SIGNATURE Watkins B. Os. Fr. Hm.	ADDRESS 18th & Benton
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFAADING BLACK INK--MAKE A PERMANENT RECORD
W. R. Peterson



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 Bruce B. Watkins

Licensed Embalmer No. 4502
P. O. Address: 18th & Be

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.