

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16959

STATE FILE NUMBER

FILED MAY 20 1957

29971-57

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

2033

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Kansas</i> b. COUNTY <i>Johnson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Prairie Village</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Mary's Hosp.</i>		Length of stay in lb <i>3 days</i>	d. STREET ADDRESS (If outside, give location) <i>4501 West 76th St.</i>
3. NAME OF DECEASED (Type or print) First <i>Kenneth</i> Middle <i>Alan</i> Last <i>BRAMSCHER</i>			4. DATE OF DEATH Month <i>April</i> Day <i>28</i> Year <i>1957</i>
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>April 25, 1957</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	11. BIRTHPLACE (City and state or country) <i>Kansas City, Mo.</i>
13a. FATHER'S NAME <i>Kenneth BRAMSCHER SR.</i>		13b. MOTHER'S MAIDEN NAME <i>MARY IRENE JONES</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT Address <i>4501 W. 76th St., Prairie Village</i> <i>Kenneth A. Bramscher Sr.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hyphal membrane disease</i> DUE TO (b) <i>Premature birth</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <i>774x</i>
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. _____ 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 <i>25 April 57</i> to <i>28 April 57</i> and last saw her alive on <i>28 April 57</i> Death occurred at <i>7:15 P.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Robert S. Brown M.D.</i>		22b. ADDRESS <i>110-36 Grand Ave</i>	22c. DATE SIGNED <i>30 April 57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>APR 30 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Forest Hill</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City, Missouri</i>
24. FUNERAL DIRECTOR <i>D.W. NEWCOMER'S SONS</i> ADDRESS <i>1331 ARUSH CREEK KANSAS CITY, MO.</i>		25. DATE RECD. BY LOCAL REG. <i>4-30-57</i>	26. REGISTRAR'S SIGNATURE <i>Neve Minshall</i>

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.

Robt. S. Brown · USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE · MEDICAL CERTIFICATION



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 *Everett A. Smith*

Licensed Embalmer No. *5001*

P. O. Address *K. C. Mo*

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.