Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31740
STATE FILE NUMBER

FILED OCT 4 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4293

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 HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Queen of the World — Length of stay in lb 51 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 2434 Montgall — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First CAROLYN Middle E. Last BRYDIE

4. DATE OF DEATH Month Sept. Day 15, Year 1957

5. SEX Female 3

6. COLOR OR RACE Negro

7. MARRIED ☐ NEVER MARRIED X WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH June 7, 1878

9. AGE (In years last birthday) 79 yrs. 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) School teacher

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Athens, Georgia

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Eugene Brydie

13b. MOTHER'S MAIDEN NAME Camilla Jackson

14. NAME OF HUSBAND OR WIFE none

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. NONE

17. INFORMANT Mammie Williams Address Elizabeth City N.C.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic cardiovascular disease many years
DUE TO (c) 4221
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Acute bilateral bronchopneumonia

19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. 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 13 Aug 1946 to Sep 15, 57 and last saw her/him alive on 14 Sept. 1957
Death occurred at 7:50 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) MD

22b. ADDRESS 1103 Grand Ave

22c. DATE SIGNED 16 Sep 57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 9-17-57

23c. NAME OF CEMETERY OR CREMATORY Highland

23d. LOCATION (City, town, or county) (State) Kans. City, Missouri

24. FUNERAL DIRECTOR ADDRESS WATKINS BROS. FN. HM. 18th & Benton Blvd.

25. DATE RECD. BY LOCAL REG. 9-16-57

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

B. A. Lieberman Jr.

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 ..... Signed Bruce R. Watkins
Signature of Student Embalmer

Licensed Embalmer No. 45 W

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.