

FILED OCT 24 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4597

S. 300
1-57

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, give TOWNSHIP only) OR TOWN Kansas City Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Haven Manor Nursing Home 3526 Walnut K.C.Mo.			Length of stay in 1b Home 57 yrs	d. STREET ADDRESS (If outside, give location) 2529 Cleveland	
3. NAME OF DECEASED (Type or print) First Hattie Middle Zaring Last Brashear			4. DATE OF DEATH Month October Day 2- Year 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH February 15-1876	9. AGE (In years of birthday) 81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Harrisonville Mo.	12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME XXXXXXXX John Kirk		13b. MOTHER'S MAIDEN NAME Nancy Kirk		14. NAME OF HUSBAND OR WIFE Garnett Brashear	
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 Mrs. Leta M. O'Brien Address 401 East Armour Blvd. K.C. Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneu				INTERVAL BETWEEN ONSET AND DEATH 36 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Incontinence - malnutrition					
DUE TO (c) Old woman - living alone					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Essential Hypertension - Senile Sclerosis				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 WORK <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 May 57 to 10 Oct 57 and last saw her alive on 1 Oct 57 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Robert M. Myers			22b. ADDRESS 1025 Walnut Bldg		22c. DATE SIGNED 2 Oct 57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 4th 1957	23c. NAME OF CEMETERY OR CREMATORY Elmwood		23d. LOCATION (City, town, or county) (State) Kansas City Mo.	
24. FUNERAL DIRECTOR Mrs. C.L. Forster Funeral Home, Inc Address Kansas City Mo.			25. DATE RECD. BY LOCAL REG. 10-4-57		26. REGISTRAR'S SIGNATURE Irene Minshel

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Robert M. Myers

NOV 8 1951

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 *John V. Herrick*

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.