

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35705

STATE FILE NUMBER

4943

FILED NOV 14 1957

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City Mo</i>		c. CITY OR TOWN <i>538 Kansas City Mo</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Lakeside</i>		d. STREET ADDRESS (If outside, give location) <i>3504 Virginia</i>	
Length of stay in lb <i>12 hrs</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Kenneth Ray Bruno</i>			4. DATE OF DEATH Month <i>October</i> Day <i>23</i> Year <i>1957</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>October 22 1917</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Infant</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA.</i>
13a. FATHER'S NAME <i>Dominick Bruno</i>		13b. MOTHER'S MAIDEN NAME <i>Barbara Beullen</i>	14. NAME OF HUSBAND OR WIFE <i>infant</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>Dominick Bruno</i> Address <i>Kansas City Mo. 3504 Virginia</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>Pneumonia -</i>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<i>7630</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 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. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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>Oct 22-57</i> to <i>Oct 23-57</i> and last saw her alive on <i>Oct 23-57</i> Death occurred at <i>2:00</i> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>James E. Griffin</i> (Degree or title)		22b. ADDRESS <i>3900 Puro K Mo</i>	22c. DATE SIGNED <i>10/24/57</i>
23a. BURIAL CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>10-25-57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Valley Cemetery</i>	23d. LOCATION (City, town or county). (State) <i>Kansas City, Mo.</i>
24. FUNERAL DIRECTOR <i>Melody-Mobility Taylor</i> Address <i>1800 E. Shaw Blvd</i>		25. DATE RECD. BY LOCAL REG. <i>10-25-57</i>	26. REGISTRAR'S SIGNATURE <i>Reva Minshall</i>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diagnoses in Part I must be causally related.

James E. Griffin, M.D. MEDICAL CERTIFICATION ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE



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 *Arthur Eugene Hoover*

Licensed Embalmer No. *4912*

P. O. Address *K.P. 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.