

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

47213
STATE FILE NUMBER
6244

FILED JAN 17 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 6244

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|---|-------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lake Side Hospital 20 yrs Length of stay in 1b | | d. STREET ADDRESS (If outside, give location) 1725 Indrop Ave Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Jean Middle Bratton Last Bratton | | | 4. DATE OF DEATH Month 12 Day 30 Year 57 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Jan 6 1893 |
| 9. AGE (In years, months, days) 74 IF UNDER 1 YEAR Months Days Hours Min. | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home | |
| 10b. KIND OF BUSINESS OR INDUSTRY — | | 11. BIRTHPLACE (City and state or country) Kansas | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME John Wesley Akers | | 13b. MOTHER'S MAIDEN NAME Lotta Bell Deileert | 14. NAME OF HUSBAND OR WIFE — |
| 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. 487-38-8279D | 17. INFORMANT Norma Nichols Address 1725 INDEP. AVE |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion DUE TO (b) arteriosclerosis DUE TO (c) — Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) liver abscess, Intestinal Obstruction | | | INTERVAL BETWEEN ONSET AND DEATH 24 30 yr 4:30 |
| 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 Month, Day, Year 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 10-31-57 to 12-30-57 and last saw her/him alive on 12/30/57 Death occurred at 12/30/57 m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Elias E. Zirul D.O. | | 22b. ADDRESS 4640 Troost, K.C., Mo | 22c. DATE SIGNED 12/31/57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 23b. DATE 1-3-58 | 23c. NAME OF CEMETERY OR CREMATORY BORLINGAME CEM | 23d. LOCATION (City, town, or county) (State) BORLINGAME, KS. |
| 24. FUNERAL DIRECTOR PASSANTINO BROS KC MO ADDRESS | | 25. DATE RECD. BY LOCAL REG. 1-2-58 | 26. REGISTRAR'S SIGNATURE Neva Marshall |

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *Leonard Passantino*

Licensed Embalmer No. 4554

P. O. Address ECMO

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.