

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2705

STATE FILE NUMBER 1385

FILED FEB 14 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>Missouri Pacific Hospital Association St Louis Missouri</i>		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>St Louis Missouri</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Independence</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <i>40 Missouri Pacific Hospital Association St Louis Missouri</i>		Length of stay in lb	d. STREET ADDRESS <i>31 1927 Common Hse.</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Allen</i> Middle <i>Yvonne</i> Last <i>Brundage</i>			4. DATE OF DEATH Month <i>FEB</i> Day <i>5th</i> Year <i>1958</i>
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>August 11/1890</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Accounting Eng.</i>		100. KIND OF BUSINESS OR INDUSTRY <i>Missouri Pac. R.R.</i>	9. AGE (In years last birthday) <i>67 years</i>
11. BIRTHPLACE (City and state or country) <i>Fairbury, Nebraska</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Abram Brundage</i>		14. MOTHER'S MAIDEN NAME <i>Nora Scanlon</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs, give war or dates of service) <i>Yes WW#2</i>		17. INFORMANT <i>Juanita Brundage Independence Mo</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>Carcinoma of the Common Bile Duct with metastasis to liver and left adrenal gland</i> DUE TO (b) <i>with metastasis to liver and</i> DUE TO (c) <i>left adrenal gland</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <i>many months (?)</i>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>155.1</i>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20c. TIME OF INJURY Hour <i>155.1</i> Month, Day, Year	
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 <i>December 11/1957</i> to <i>February 5/1958</i> and last saw her alive on <i>February 5/1958</i> . Death occurred at <i>February 5/1958 (8:20 P.M.)</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Clarence G. Gotsch MD</i> (Degree or title)		22b. ADDRESS <i>Mo Pac Emp. Hosp</i>	
22c. DATE SIGNED <i>2/5/58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>2/5/58</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Floral Hills Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Kansas City Mo</i>	
24. FUNERAL DIRECTOR <i>Ambruster Mortuary 6633 Clayton Rd</i>		25. DATE RECD. BY LOCAL REG. <i>FEB 5 58</i>	
26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 7 1958

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.....
And J. Hamner

Licensed Embalmer No. 47

P. O. Address *S. C. ...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.