Health, Welfare Public Service

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1-56

FILED MAR 10 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005375
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 839

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Mo. Inside Limits Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hosp. Length of stay in 1b 20 YEARS

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 ✓ No ☐
d. STREET ADDRESS (If outside, give location) 1208 West 39th Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Fred Middle (None) Last Brack
4. DATE OF DEATH Month 2 Day 15 Year 58
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ✓ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 11-23-85
9. AGE (In years last birthday) 72
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) DRESS CUTTER
10b. KIND OF BUSINESS OR INDUSTRY RETIRED - 2 YEARS
11. BIRTHPLACE (City and state or country) (UNKNOWN) KENTUCKY
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME JOSEPH BRACK
14. MOTHER'S MAIDEN NAME SALLY VAUGHN
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. 498-05-9162
17. INFORMANT ELLA L. BRACK Address KANSAS CITY, MO. 1208 W. 39TH ST.

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) Cerebral artery Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH 3 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Arteriosclerotic Heart Disease Pulmonary Fibrosis
19. WAS AUTOPSY PERFORMED? YES ☐ 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 2/12/58 to 2/15/58 and last saw her/him alive on 2/15/58
Death occurred at 8:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Robert W. Hainill (Degree or title) M.D.
22b. ADDRESS 4620 J.C. Nichols Pkwy KC Mo
22c. DATE SIGNED 2/17/58

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

Robert W. Hamill

23a. ~~BURIAL, CREMATION,~~ REMOVAL (Specify) REMOVAL
23b. DATE FEB 17, 1958
23c. NAME OF CEMETERY ~~OR CREMATORY~~ MEMORIAL PARK CEM.
23d. LOCATION (City, town, or county) (State) ST LOUIS, MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO
25. DATE RECD. BY LOCAL REG. 2-17-58
26. REGISTRAR'S SIGNATURE Neva Minshall

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Vern Fowler

Licensed Embalmer No. 49

P. O. Address 47 E 32

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.