

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021822

STATE FILE NUMBER

JUL 14 1958 Registration District No. 149 Primary Registration District No. 1102 Registrar's No. 3022

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Overland Park</b> <b>8150 8</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Mary's</b>		Length of stay in 1b <b>1 day</b>	d. STREET ADDRESS (If outside, give location) <b>8928 West 81 St</b>
3. NAME OF DECEASED (Type or print) First <b>Deborah</b> Middle <b>Ruth</b> Last <b>Brundage</b>		4. DATE OF DEATH Month <b>June</b> Day <b>15</b> , Year <b>1958</b>	

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 3, 1956</b>	9. AGE (In years last birthday) <b>2</b>	IF UNDER 1 YEAR Months <b>2</b> Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Baby</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Baby</b>		11. BIRTHPLACE (City and state or country) <b>Kansas City</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Edward J. Brundage</b>		13b. MOTHER'S MAIDEN NAME <b>Patricia Ann Anderson</b>		14. NAME OF HUSBAND OR WIFE <b>Edward J. Brundage</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Edward J. Brundage, father</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Interstitial Pneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>18 hrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)		<b>492-X</b>
	DUE TO (c)		
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 checked="" 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 Month, Day, Year 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 <b>Overland Park</b>	COUNTY <b>Kansas</b>	STATE
21. I attended the deceased from <b>Birth</b> to <b>6/15/58</b> and last saw her alive on <b>6/15/58</b> Death occurred at <b>6 A.</b> m of the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <b>Shawnee M.D.</b>		22b. ADDRESS <b>Missouri Kansas</b>		22c. DATE SIGNED <b>6/16/58</b>

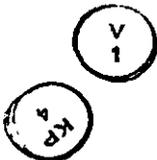
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>June 16, 58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Antioch Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Overland Park, Kansas</b>
24. FUNERAL DIRECTOR <b>E. Paul Amos, Shawnee, Kansas</b>		25. DATE RECD. BY LOCAL REG. <b>6-17-58</b>	26. REGISTRAR'S SIGNATURE <b>Neve Minshall</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

G. R. Maser



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 *E. Paul Jones* .....

Licensed Embalmer No. *4385* .....

P. O. Address *Shawnee, Kan* .....

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.