

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032562

STATE FILE NUMBER

FILED OCT 8 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4389

S. 300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4409 Garfield</u>		Length of stay in lb <u>50 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>4409 Garfield</u>
3. NAME OF DECEASED (Type or print) First <u>JOSEPH</u> Middle <u>FREDERICK</u> Last <u>BRUNNER</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>14,</u> Year <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 25, 1878</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mgr. - Cocktail lounge</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Hotel</u>	9c. BIRTHPLACE (City and state or country) <u>Kentucky</u>
10a. FATHER'S NAME <u>Unknown</u>		10b. MOTHER'S MAIDEN NAME <u>Unknown</u>	10c. NAME OF HUSBAND OR WIFE <u>Marie Catherine Brunner</u>
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		11. SOCIAL SECURITY NO. <u>487-05-4882</u>	11. INFORMANT Address <u>Helen Schmidt - 4407 Garfield</u>
12. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of Sigmoid Colon</u> DUE TO (b) <u>with general intra-abdominal metastases</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			12. INTERVAL BETWEEN ONSET AND DEATH <u>Before 2-12-58</u> <u>Discovered 2-12-58</u> <u>1533</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			12. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>
13a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		13b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
13c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
13d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		13e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	13f. CITY, TOWN, OR LOCATION COUNTY STATE
14. I attended the deceased from <u>June 13-55</u> , to <u>Sept 14-58</u> and last saw him alive on <u>Sept 14-58</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
14a. SIGNATURE (Degree or title) <u>E. A. Samuelson M.D.</u>		14b. ADDRESS <u>4620 J. C. Nichols Pkwy -K.C. Mo</u>	
14c. BUREL, CREMATION, REMOVAL (Specify) <u>Burial</u>		14d. DATE SIGNED <u>9-15-58</u>	
14e. DATE <u>9-17-58</u>		14f. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>	
14g. LOCATION (City, town, or county) <u>Kansas City 33, Mo.</u>		14h. (State)	
14i. FUNERAL DIRECTOR <u>Melody-McGilley-Eylar</u>		14j. ADDRESS <u>K.C., Mo.</u>	
14k. DATE RECD. BY LOCAL REG. <u>9-16-58</u>		14l. REGISTRAR'S SIGNATURE <u>new minshall</u>	

E. A. Samuelson

Mr. Samuelson
4620 J. C. Nicholas Pharmacy
1-0600
after noon



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 *Melvin Barton*

Licensed Embalmer No. *4903*

P. O. Address *K C 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.