

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033168
STATE FILE NUMBER

FILED OCT 1 1958 Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 32

300
1-507
7000

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Twp		Inside Limits Yes No <input checked="" type="checkbox"/>	c. CITY OR TOWN Kansas City, 34 7000
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9602 Blue Ridge		Length of stay in 1b 30 yrs	d. STREET ADDRESS (If outside, give location) 9602 Blue Ridge Blvd

3. NAME OF DECEASED (Type or print) First OLIVE Middle JANE Last BRACKEN			4. DATE OF DEATH Month 9 Day 27 Year 58		
---	--	--	--	--	--

5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9-22-1863	9. AGE (In years Birthday) 95	FUNDER 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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Ney, Ohio	12. CITIZEN OF WHAT COUNTRY? USA
---	--	--	----------------------------------

13a. FATHER'S NAME Harvey Gilmore	13b. MOTHER'S MAIDEN NAME Josephine Hartshorn	14. NAME OF HUSBAND OR WIFE Jos. Braden Bracken
-----------------------------------	---	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Arthur N. Altringer, 5630 Mission Drive
---	------------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 Mo duration</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Ventricular Fibrillation</u>	
	DUE TO (c) <u>4331</u>	
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 type="checkbox"/> NO <input checked="" 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 <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 <u>July 23 58</u> to <u>Sept 27th 58</u> and last saw her alive on <u>Sept 26. 58</u> Death occurred at <u>12:10 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>A. N. Altringer M.D.</u> (Degree or title)	22b. ADDRESS <u>305 W 43rd St</u>	22c. DATE SIGNED <u>9-27-58</u>
--	--	---------------------------------

23a. BURIAL, CREMATION, <u>Burial</u> (Specify)	23b. DATE <u>9-29-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>
---	--------------------------	--	--

24. FUNERAL DIRECTOR <u>Wagner Funeral Home, K. C. Mo</u> ADDRESS	25. DATE RECD. BY LOCAL REG. <u>9-27-58</u>	REGISTRAR'S SIGNATURE <u>Arthur N. Altringer</u>
---	---	--

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

8961 T 100

JUN 25 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 *Alvin R. Haunschild*

Licensed Embalmer No. *4159*

P. O. Address *Kansas*

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.