

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039835

STATE FILE NUMBER

FILED DEC 8 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5419

300
-57

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 Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Hosp.		Length of stay in lb 15 yrs.		d. STREET ADDRESS (If outside, give location) 504 Woodland	
3. NAME OF DECEASED (Type or print) First Middle Last Charles F. Bonbrake			4. DATE OF DEATH Month Day Year November 14, 1958		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 23, 1879	9. AGE (In years, ¹ IF UNDER 1 YEAR, ² IF UNDER 24 HRS. 79 ¹ birth/day Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY Viking Refg. Co.		11. BIRTHPLACE (City and state or country) Columbus, Kansas	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Benjiman Bonbrake		13b. MOTHER'S MAIDEN NAME Mariah Hite	
14. NAME OF HUSBAND OR WIFE Sylvia Bonbrake		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. 514-01-4448		17. INFORMANT Sylvia Bonbrake 504 Woodland K. C., Mo.			
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>Brancho-pneumonia</i> DUE TO (b) <i>Pulmonary Edema</i> DUE TO (c) <i>Carcinoma of the Liver</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>1550</i>					INTERVAL BETWEEN ONSET AND DEATH <i>days</i> <i>days</i> <i>Unknown</i>
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 COUNTY STATE	
21. I attended the deceased from <i>11/13/58</i> to <i>11/14/58</i> and last saw ^{from} him alive on <i>11/14/58</i> Death occurred at <i>3:20 P.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Milton S. Steinberg D.O.</i>			22b. ADDRESS <i>926 E. 11 St. K.C. Mo.</i>		22c. DATE SIGNED <i>11/15/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>Nov. 16, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Edgeman Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Columbus, Kansas</i>	
24. FUNERAL DIRECTOR <i>Earp & Sons</i>		ADDRESS <i>4707 Truman Rd. K.C., Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>11-15-58</i>	26. REGISTRAR'S SIGNATURE <i>Neve Marshall</i>

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Milton S. Steinberg

April 1, 1944

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 *John R. Corp*
Licensed Embalmer No. 2955
P.O. Address 111 C. 9th

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.