

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044005

STATE FILE NUMBER 6148

FILED JAN 14 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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1-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Kansas City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Northeast Hospital 6 yrs.</i> Length of stay in 1b <i>6 yrs.</i>		d. STREET ADDRESS (If outside, give location) <i>3200 Norledge</i> Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>FRANCES R BROWNING</i>		4. DATE OF DEATH Month Day Year <i>12-25-1958</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>5-19-1910</i>
9a. USUAL OCCUPATION (Give kind of work done for the most of working life, even if retired) <i>Nurse</i>		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) Months Days Hours Min. <i>48</i>
10a. USUAL OCCUPATION (Give kind of work done for the most of working life, even if retired) <i>Nurse</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Kansas City, Mo.</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13. NAME OF FATHER'S NAME <i>Charles M. Franzer</i> 13b. OTHER'S MAIDEN NAME <i>Lois Douglas</i>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, say of what branch) (If yes, give dates of service) <i>no</i>	
16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>Robert Browning</i> Address <i>3200 Norledge</i>	
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>Hypostatic Congestion of the Lung</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Chronic Myocarditis</i> DUE TO (c) <i>Rheumatic fever</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Chronic Alcoholism</i>			INTERVAL BETWEEN ONSET AND DEATH <i>years</i> <i>years</i>
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 <i>12-7-58</i> to <i>12-25-58</i> and last saw her alive on <i>12-25-58</i> Death occurred at <i>7:15 PM</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Frank T. Machovec, P.O.</i>		22b. ADDRESS <i>214 Garfield Avenue</i>	
22c. DATE SIGNED <i>12-27-58</i>		23. NAME OF CEMETERY OR CREMATORY <i>not hope Cem.</i>	
23a. LOCATION (City, town, or county) <i>Kansas City, Kans</i>		23b. DATE <i>12-29-58</i>	
24. FUNERAL DIRECTOR <i>Assunta Bros</i> ADDRESS <i>KCMO</i>		25. DATE RECD. BY LOCAL REG. <i>12-27-58</i>	
26. REGISTRAR'S SIGNATURE <i>neva Minshall</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Frank T. Machovec



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 *Samuel Pascentino*

Licensed Embalmer No. *4554*

P. O. Address *KC 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.