THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-013190

FILED MAY 1 1959

Registration District No. 149 Primary Registration District No. 1002 STATE FILE NUMBER Registrar's No. 1870

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes X No
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION 622 Benton Blvd. — Length of stay in Ib SINCE 1915

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City, — Inside Limits Yes X No
d. STREET ADDRESS (If outside, give location) 635 East Meyer — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print) First: Pearl Middle: D. Last: Brisboise

4. DATE OF DEATH Month Day Year: April 13, 1959

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED X
8. DATE OF BIRTH: Feb. 9, 1893
9. AGE (In years last birthday): 66 — IF UNDER 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): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: Max Davis
13b. MOTHER'S MAIDEN NAME: Etti ie Garfinkle
14. NAME OF HUSBAND OR WIFE: Aubrey F. Brisboise

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.: 487-07-6817A
17. INFORMANT: Leo. R. Davis — Address: 6516 West 72nd St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carnary Occlusion
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Multiply Decrasis
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 One Year to Apr 13/1959 and last saw her/him alive on April 13/1959. Death occurred at 8:00 A.M. on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title): James T Ferguson
22b. ADDRESS: 410 Bryant
22c. DATE SIGNED: 4/13/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-15-59
23c. NAME OF CEMETERY OR CREMATORY: Mt. Moriah
23d. LOCATION (City, town, or county) (State): Kansas City, Mo.

24. FUNERAL DIRECTOR: D W Newcomer's Son. Mo — ADDRESS: K. C.
25. DATE RECD. BY LOCAL REG.: 4-14-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

James T. Ferguson M. D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 4421

P. O. Address Kansas C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failur 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.

37