

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-017619

FILED JUN 9 1959

Registration District No.

149

Primary Registration District No.

1002

STATE FILE NUMBER

Registrar's No. 2297

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</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> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital give location) HOSPITAL OR INSTITUTION <u>1506 E. 83rd St.</u> Length of stay in 1b <u>3 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>1506 E. 83rd St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Cora</u> Middle <u>Emily</u> Last <u>Brents</u>		4. DATE OF DEATH Month <u>5</u> Day <u>26</u> Year <u>59</u>	
5. SEX <u>Female</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>Sept. 1-1875</u>
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and state or country) <u>Baxter Springs Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Isaac Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Sally H. Hubbard</u>	14. NAME OF HUSBAND OR WIFE <u>James S. Brents</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or if unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT <u>Mr. James S. Brents 2nd Lt. U.S. Army</u> Address <u>1423 Randall Rd.</u>
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>cardiac failure</u> DUE TO (b) <u>General Arterio Sclerosis</u> DUE TO (c) <u>4501</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>two weeks</u> <u>undet</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arterio Sclerosis Longene Left Leg</u>			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 _____ 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 <u>1948</u> to <u>time of death</u> and last saw <u>her</u> alive on <u>5-6-59</u> Death occurred at <u>12:15</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Leo M. Muller M.D.</u> (Degree or title)		22b. ADDRESS <u>4443 Passer Blvd.</u>	22c. DATE SIGNED <u>5-7-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>5-8-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>W. Washington Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>
24. FUNERAL DIRECTOR <u>C.H. Blackman + Sons Inc. K.C. Mo</u>		25. DATE RECD. BY LOCAL REG. <u>5-8-59</u>	26. REGISTRAR'S SIGNATURE <u>Neval Marshall</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
Leo M. Millen

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 Wayne Smith, Student Embalmer No. 567 working under my personal supervision.

Student Wayne Smith  
Signature of Student Embalmer

Signed W. C. Quinn

Licensed Embalmer No. 41879

P. O. Address J. C. M.

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.