

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 10 1959

59-036094

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5164 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in 1b <u>unk</u>	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>104 W 9th St</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>104 W 9th St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>KENNETH J BRUMBAUGH</u>			4. DATE OF DEATH Month Day Year <u>10-26-1959</u>	
---	--	--	--	--

5. SEX <u>Male</u>	6. COLOR OF FACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-6-1918</u>	9. AGE (last birthday) <u>41</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
--------------------	-------------------------------	--	----------------------------------	----------------------------------	-----------------------------	---------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>labor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	11. BIRTHPLACE (City and state or country) <u>Ford City, Pa.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
--	--	--	--

13a. FATHER'S NAME <u>Robert Brumbaugh</u>	13b. MOTHER'S MAIDEN NAME <u>Helia Bradett</u>	14. NAME OF HUSBAND OR WIFE <u>---</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>yes WW # 2</u>	16. SOCIAL SECURITY NO. <u>161-18-8779</u>	17. INFORMANT Address <u>Helia Brumbaugh Ford City Pa</u>
---	--	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Circulatory Failure</u>	DUE TO (b) <u>Valvular Heart Disease</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <u>---</u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>History from VA Staff</u>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
--	---

19. WAS AUTOPSY PERFORMED? YES <input 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 a.m. p.m. Month, Day, Year	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 _____ to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Joseph Owens Currier</u>	22b. ADDRESS <u>1084 Pacific Bldg</u>	22c. DATE SIGNED <u>10-27-59</u>
--	---------------------------------------	----------------------------------

23a. BURIAL, CREATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>10-27-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ford City Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Ford City Pa</u>
---	-----------------------------	--	---

24. FUNERAL DIRECTOR ADDRESS <u>Lawrence Dea Kemo</u>	25. DATE RECD. BY LOCAL REG. <u>10-27-59</u>	26. REGISTRAR'S SIGNATURE <u>neva minshall</u>
---	--	--

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Leonard Parantino

Licensed Embalmer No. 4554

P. O. Address Ke 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.