

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015183

FILED VS MAY 16 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2110

STATE FILE NUMBER

4-20-60
75
74
9

DOCUMENT Birth record
MEDICAL CERTIFICATION
BY AFFIDAVIT OF Wife
L. F. Steffen

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		Length of stay in 1b 49 yrs.		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2840 Jarboe		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First John Middle Brunner Last Brunner				4. DATE OF DEATH Month 4 Day 13 Year 60									
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 10-26-1885		9. AGE (last birthday) 74 75		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Repair Man				10b. KIND OF BUSINESS OR INDUSTRY Telephone Co.		11. BIRTHPLACE (City and state or country) Germany		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME unknown				13b. MOTHER'S MAIDEN NAME unknown				14. NAME OF HUSBAND OR WIFE Theresa Brunner					
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.		17. INFORMANT Address Wife Home							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Infarction - severe DUE TO (b) Cerebral Embolism DUE TO (c) Cerebral Embolism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH 2 1/2 days 2 1/2 days			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease (condition given in PART I (a)) Ventricular aneurysm from prev. myocardial infarction								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
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 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 4-11-60 to 4-13-60 and last saw ^{her} him alive on 4-13-60 Death occurred at 12:05 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) L. F. Steffen M.D.						22b. ADDRESS 1103 Grand Ave Kansas City Mo.			22c. DATE SIGNED 4-14-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-16-1960		23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet		23d. LOCATION (City, town, or county) Kansas City		23e. STATE Mo.					
24. FUNERAL DIRECTOR Melody-McGilley-Eylar				ADDRESS 20 W. Linwood		25. DATE RECD. BY LOCAL REG. 4-15-60		26. REGISTRAR'S SIGNATURE Theresa Minshall					

JUL 13 1960

Dr. Steffen
Prof. Bldg.
after 2 PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Wm H. Lentz

Licensed Embalmer No. 5038

P. O. Address Keweenaw

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.