

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS OCT 14 1960

4999-60-034668
 STATE FILE NUMBER

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

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) <u>KANSAS CITY</u>		Length of stay in 1b <u>40 YEARS</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>TRINITY LUTHERAN Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3916 HARRISON</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>RUFUS</u> Middle <u>H.</u> Last <u>BRYMER</u>			4. DATE OF DEATH Month <u>OCTOBER</u> Day <u>3</u> Year <u>1960</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAUCASIAN</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>DEC 25 1886</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CARPENTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CONSTRUCTION</u>		11. BIRTHPLACE (City and state or country) <u>BURNET, TEXAS</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>JOHN BRYMER</u>		13b. MOTHER'S MAIDEN NAME <u>AMANDA WILSON</u>		14. NAME OF HUSBAND OR WIFE <u>ROBY BRYMER</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT <u>Mrs Roby Brymer 3916 Harrison</u> Address	

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>VENTRICULAR FIBRILLATION</u>		<u>Seconds</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>GASTROENTERITIS ACUTE VIRAL</u>	<u>4 DAYS</u>
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown

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. 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 <u>Sept. 30 1960</u> to <u>Oct 3, 1960</u> and last saw him alive on <u>Oct 3, 1960</u> Death occurred at <u>10:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>David Henry</u> (Degree or title)	22b. ADDRESS <u>1115 Grand Ave</u>	22c. DATE SIGNED <u>10-4-60</u> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>10-6-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>
23d. FUNERAL DIRECTOR <u>MUEDELBACH</u> ADDRESS <u>6800 Troost</u>	23d. LOCATION (City, town, or county) <u>Kansas City, Mo.</u>	24. DATE RECD. BY LOCAL REG. <u>10-5-60</u>
25. REGISTRAR'S SIGNATURE <u>H. L. Dwyer</u>		

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF David Henry

Dr S. D. NEIDY

SHUKERT BLDG

HA 1-1645

after 10:30

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

Clare L. Can, Jr.

Licensed Embalmer No. 4934

P. O. Address KC. 14, Mo.

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