Health, & Welfare Public		THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH	58-032550 STATE FILE NUMBER	
Service	TLED OCT 15 1958 egistration District	No	1001 Registrar's No. 4540	
5. 300 1–57 🌣	1. PLACE OF DEATH o. COUNTY Jackson	^{a. STATE} Kansas	ere deceased lived. If institution: Residence before b. COUNTY admission) Doniphan	
. 1-3,	b. CITY (If outside corporate limits, give TOW OR TOWN Kansas City	Yes X No Control Troy	TISS Inside Limits Yes No	
•	c. FULL NAME OF (If NOT in hospital, give lo HOSPITAL OR INSTITUTION VA HOSPITAL	STREET ADDRESS Box	(If outside, give location) Reside on Farm Yes No	
	3. NAME OF DECEASED First (Type or print) BERT	Middle Last B. BRACKEN	4. DATE Month Doy Year OF DEATH September 25, 1958	
	5. SEX p 6. COLOR OR RACE 7. White	MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDDWED DIVORCED 6-4-93	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Instabilithday) Months Days Hours Min.	
symptoms wilf be listed	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Feed Salesman	KIND OF BUSINESS OR INDUSTRY Denton, Kansas		
# E	13a FATHER'S NAME George Bracken	13b. MOTHER'S MAIDEN NAME Clara Libel	A NAME OF HUSBAND OR WIFE Christine Bracken	
No symptor POSSIBLE	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, po, or unknown) (If yes, give woner dates of service WW T	16. SOCIAL SECURITY NO. 17. INFORMANT VA Hospital Of:	Address ficial Records	
e ≝	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia			
.s .au	Conditions, if any, DUE TO (b)	cute pyelonephritis		
nomenclature ed. RIBBON TYP	which gave rise to above cause (a), stating the under-lying cause last. DUE TO (c)		6000	
) I I	NS CONTRIBUTING TO DEATH but not related to the terminal disease cor	dition given in PART I (a) 19. WAS AUTOPSY PERFORMED? YES A NO	
Ę÷ Ž,	200. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
ន្ទ គ				
etc. must u Part I must USE ONLY		OF INJURY (e.g., in or about home, ctory, street, office bidg., etc.)	ION COUNTY STATE	
coroner,	21. Eartended the deceased from Nov. 7, 1957 to Sept. 25, 1958 Execution to him him him beat occurred at 3:25 p m on the date stated above; and to the best of my knowledge, from the causes stated.			
Doctor, Coroner, etc. All diseases in Part USE	22a. SIGNATURE E. FOROUGHI, PAR	M.D. 22b. ADDRESS VA Hospital, K.	22c. DATE SIGNED	
	23a. BURIAL, CREMATION, 63b. DATE REMOVAL (Specify) REMOUAL SEP. 26-1958		OTON (City, town, or county) (State)	
	24. FUNERAL DIRECTOR ADDRE	AN. CITY, MO 9-26-58 (Licensed Embelmer's Statement on Reverse Side)	REGISTRAR'S SIGNATURE	
_		(Licensed Embalmer's Statement on Reverse Side)	1	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalment
by me, or by, Student Embaimer No
working under my personal supervision.

Signature of Student Embalmer

Licensed Embalmer No. 3.4

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.