

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38556

State File No. _____

5167

FILED DEC 6 1952

BIRTH NO. 84672 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) life		d. STREET ADDRESS (If rural, give location) 1543 Lawn Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Menorah Hospital			

38
380

3. NAME OF DECEASED (Type or Print) a. (First) Jane b. (Middle) Earline c. (Last) Brown			4. DATE OF DEATH (Month) (Day) (Year) Nov. 24, 1952		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	
8. DATE OF BIRTH Nov. 24, 1952		9. AGE (In years last birthday)		10. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri	

13a. FATHER'S NAME Earl Brown		13b. MOTHER'S MAIDEN NAME Evelyn Myrl Lowney		14. NAME OF HUSBAND OR WIFE Infant	
---	--	--	--	--	--

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. none		17. INFORMANT'S SIGNATURE OR NAME Earl Brown, 1543 Lawn K. C., Mo.	
				ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) From atelectasis				INTERVAL BETWEEN ONSET AND DEATH 7735
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Propagating Ed				
		DUE TO (c) Cerebratory embolus				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
------------------------	--	----------------------------------	--	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
--	--	--	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
---	--	--	--	----------------------------	--

22. I hereby certify that I attended the deceased from 11-24, 1952, to 11-24, 1952, that I last saw the deceased alive on 11-24, 1952 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Robert P. Jeffries (Degree or title)		23b. ADDRESS 6714 Brookside		23c. DATE SIGNED 11-25-52	
--	--	------------------------------------	--	----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 11/26/52		24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
--	--	------------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. 11-26-52		REGISTRAR'S SIGNATURE Shelding Smith		25. FUNERAL DIRECTOR'S SIGNATURE Earp & Sons		ADDRESS 4139 Truman Rd. K.C., Mo	
---	--	--	--	--	--	--	--

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed

James W. Eays

Licensed Embalmer No. *4622*

P. O. Address *N.C., Mo.*

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 this body is not embalmed, fact should be so stated above.