

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27090**

FILED AUG 18 1954

BIRTH NO. **663742970-54** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **3720**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>life</b>		e. STREET ADDRESS (If rural, give location) <b>14 1210 Cherry 314-40</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital No. 1</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Glen</b>		b. (Middle)	c. (Last) <b>Brown</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>6 16 1954</b>		5. SEX <b>Male</b> 6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>6-16-1954</b>	
9. AGE (In years last birthday) <b>1 20</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>infant</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Jackson, Missouri U. S.</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>NONE</b>		13b. MOTHER'S MAIDEN NAME <b>Patricia Brown</b>	
14. NAME OF HUSBAND OR WIFE <b>none</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Patricia Brown</b> ADDRESS <b>1210 Cherry</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity</b> INTERVAL BETWEEN ONSET AND DEATH *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>7704</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min)		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 <b>June 16, 1954</b> , to <b>June 16, 1954</b> , that I last saw the deceased alive on <b>June 16, 1954</b> , and that death occurred at <b>1:35 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>B. I. Burns, M.D.</b>		23b. ADDRESS <b>24th &amp; Cherry</b>	
23c. DATE SIGNED <b>6-17-54</b>		24a. BURIAL CREMATION (REMOVAL) (Specify)	
24b. DATE <b>7-30-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fields</b>	
24d. LOCATION (City, town, or post office) (State) <b>Kansas City MO</b>		25. FEDERAL DIRECTOR'S SIGNATURE <b>Wm. A. Tomney</b> ADDRESS <b>K.C. MO</b>	
DATE REC'D BY LOCAL REG. <b>7-30-54</b>		REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>	

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 Not Embalmed, Student Embalmer No. \_\_\_\_\_ working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed M. A. Schuyler

Licensed Embalmer No. 300

P. O. Address KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.