

FILED AUG 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26037

3276

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3276

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Wyandotte	
b. CITY OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 2 1/2 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2023 Benton		STREET ADDRESS (If rural, give location) 621 Parallel	

3. NAME OF DECEASED (Type or Print) a. (First) Augustus	b. (Middle)	c. (Last) Brown	4. DATE OF DEATH (Month) (Day) (Year) 7-30-1955
---	-------------	------------------------	---

5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 5, 1882	9. AGE (In years last birthday) 73	10. IF UNDER 1 YEAR Months	11. IF UNDER 12 HRS. Days	12. IF UNDER 12 HRS. Hours	13. IF UNDER 12 HRS. Min.
--------------------	-------------------------------	---	--------------------------------------	---	----------------------------	---------------------------	----------------------------	---------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pullman Porter Railroad	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Port Barrie, La.	12. CITIZEN OF WHAT COUNTRY? U.S.
--	-----------------------------------	--	--

13a. FATHER'S NAME Frank Brown	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE Graham None
---------------------------------------	---------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give date of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME John Brown	ADDRESS 5312 Agnes
--	-------------------------------------	---	---------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Myocardial infarction	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, 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) _____		443 X
	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) (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 **March 1955**, to **7/29, 1955**, that I last saw the deceased alive on **7/29, 1955** and that death occurred at **3:30 pm.**, from the causes and on the date stated above.

23a. SIGNATURE L. S. Daigle MD. (Degree or title) ^D	23b. ADDRESS 2122 Truman Rd	23c. DATE SIGNED 7/30/55
---	------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/3/55	24c. NAME OF CEMETERY OR CREMATORY M.T. Calvary	24d. LOCATION (City, town, or county) (State) K.C. Mo.
---	-------------------------	--	---

DATE REC'D BY LOCAL REG. 8-1-55	REGISTRAR'S SIGNATURE Neva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE Bingham & Jones	ADDRESS 1834 Oak
--	--	---	-------------------------

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
L. S. Daigle

Lauren A Jones 4429 - Refused

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
Signature of Student Embalmer

Signed *Lauren A Jones*

Licensed Embalmer No. 4429
P. O. Address *2300 6th St
15-C-Mc*

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