

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4645**
Registrar No. **443**

BIRTH NO. **6112-56** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
W. B. Whittier

| | | | |
|---|--|---|--|
| 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 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION QUEEN OF THE WORLD | | d. STREET ADDRESS (If rural, give location) 3225 E. 28th St. | |
| 3. NAME OF DECEASED (Type or Print) a. (First) GERARD b. (Middle) DAVID c. (Last) BROWN | | 4. DATE OF DEATH (Month) (Day) (Year) JAN. 29, 1956 | |
| 5. SEX MALE | 6. COLOR OR RACE NEGRO | 7. MARRIED (NEVER MARRIED) <input type="checkbox"/> WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH JAN. 29, 1956 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Kansas City, Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME LEONARD BROWN | 13b. MOTHER'S MAIDEN NAME BARBARA JORDAN | 14. NAME OF HUSBAND OR WIFE None | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Barbara Jane Brown ADDRESS 3225 E. 28th St. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CONGENITAL HELECTASIS | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES (b) PREMATURITY | | |
| | DUE TO (c) None | | |
| | II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) | | 7625 |
| 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) (m.) | 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 29 Jan. 1956 , to 29 Jan. 1956 that I last saw the deceased alive on 29 Jan. 1956 , and that death occurred at 6:00 p.m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) W. B. Whittier, M.D. | | 23b. ADDRESS 2307 1/2 Prospect St. | 23c. DATE SIGNED 29 Jan. 1956 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE 2/2/56 | 24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery | 24d. LOCATION (City, town, or county) (State) Kansas City, Mo. |
| DATE REC'D BY LOCAL REG. 1-31-56 | REGISTRAR'S SIGNATURE neva minshall | 25. FUNERAL DIRECTOR'S SIGNATURE E. Estling Miller ADDRESS 1212 1/2 E. 27th St. | |

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.....

working under my personal supervision.

*was not embalmed
"Premature"*

Student embalmer No.....

Signed.....

E. Sterling Bells

Signed.....

Student Embalmer

Licensed Embalmer No. *3178*

P. O. Address *1212 Mil St*

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.