

FILED SEP 11 1956

## STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

26198

3632

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Jackson</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <b>Kansa City</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		a. STATE <b>Kansas</b>		b. COUNTY <b>Wyandotte</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hosp.</b>		Length of stay in 1b <b>2 hrs.</b>		d. STREET ADDRESS <b>4654 Metropolitan</b> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <b>DALE</b>		Middle <b>BBITTON</b>		Last <b>BROWN</b>		Month <b>Aug.</b> Day <b>19,</b> Year <b>1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 31, 1939</b>		9. AGE (In years last birthday) <b>17</b>		IF UNDER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>High School</b>		11. BIRTHPLACE (City and state or country) <b>Kansas City, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Perl S. Brown</b>				14. MOTHER'S MAIDEN NAME <b>Marie Maloney</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>513-34-2939</b>		17. INFORMANT <b>Perl S. Brown, K. C. Kans.</b> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Shock Hemorrhage resulting from fractured skull &amp; subdural Hematoma</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <b>Hematoma</b>						INTERVAL BETWEEN ONSET AND DEATH <b>8 1/2 hrs</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>123</b>						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>Passenger in auto involved in a two car accident</b>				
20c. TIME OF INJURY <b>7:45 p. m.</b> Hour <b>7:45</b> Month <b>8</b> Day <b>19</b> Year <b>1956</b>			at the intersection of <b>Holiday Rd &amp; Inland Dr.</b>				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>		20f. CITY, TOWN, OR LOCATION <b>Wyandotte County, Ks.</b>		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Geo. C. Kealhofer</b> (Print name) <b>Geo. C. Kealhofer</b> (Signature)				22b. ADDRESS <b>6022 Park St</b>		22c. DATE SIGNED <b>8-20-56</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>8-20-56</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Liberty Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Upland, Kansas</b>	
24. FUNERAL DIRECTOR <b>Melody-McGilley-Eylar</b> ADDRESS <b>K.C., Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>8-20-56</b>		26. REGISTRAR'S SIGNATURE <b>Reva Minshall</b>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

Doctor, coroner, etc. may, only standard nomenclature in Part I. No symptoms or signs of disease in Part I.

000-56

10<sup>th</sup> floor - City Hotel  
Hotel 15th Street

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..... Signed *Melvin Bartlett*  
Signature of Student Embalmer

Licensed Embalmer No. 49  
P. O. Address K.C. Mo.

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