

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 8 1957

STATE FILE NUMBER 5155

Registration District No. 150 Primary Registration District No. 5574 Registrar's No. 40

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, give TOWNSHIP only) OR TOWN LEE'S Summit		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN LEE'S Summit		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LAKE LOTAWANA		Length of stay in lb 11 YEARS		d. STREET ADDRESS LAKE LOTAWANA, MO RURAL ROUTE #10	
3. NAME OF DECEASED (Type or print) First MARGY Middle KENT Last BROWN, JR.			4. DATE OF DEATH March-4, 1957 Month Day Year		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH SEPT-2-1891	9. AGE (In years last birthday) 65 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ATTORNEY		10b. KIND OF BUSINESS OR INDUSTRY LATROP BLOC. KANSAS CITY, MO		11. BIRTHPLACE (City and state or country) KANSAS CITY, MISSOURI	
13. FATHER'S NAME MARGY KENT BROWN SR.			14. MOTHER'S MAIDEN NAME MINNIE — ?		
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 MRS. THELMA BROWN Address ROAD S. R. R. #10 MO. LAKE LOTAWANA - LEE'S SUMMIT	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Thrombosis of Posterior Superior Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebellar Artery DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH 2 MO.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) 332 X					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input 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.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 12-20, 1956, to 3-4, 1957 and last saw her/him alive on 3-4-57. Death occurred at 5:00 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Clint Miller MD			22b. ADDRESS Lee's Summit MO		22c. DATE SIGNED 3-4-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MAR-7-1957	23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS KANSAS CITY MO.		ADDRESS 1331 BRUSH CREEK		25. DATE RECD. BY LOCAL REG. 3-4-57	26. REGISTRAR'S SIGNATURE M. Coleman

(Licensed Embalmer's Statement on Reverse Side)

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 1900
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Coroner cannot certify to a death due to natural causes.
 Diseases in Part I must be causally related.

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MAR 18 1951

APR 8 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Basil J. How*.....

Licensed Embalmer No. *1234*

P. O. Address.....

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.