FILED AUG 23 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 28203

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3666

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1214 Montgall — Length of stay in 1b 35yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 1214 Montgall — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Cubia Middle Etta Last Brown

4. DATE OF DEATH Month 7 Day 31 Year 57

5. SEX female 3

6. COLOR OR RACE Negro

7. MARRIED ☐ NEVER MARRIED X WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Oct 7, 1914

9. AGE (In years last birthday) 42 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) maid

10b. KIND OF BUSINESS OR INDUSTRY private family

11. BIRTHPLACE (City and state or country) Churchhill, Miss.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Alfred Brown

14. MOTHER'S MAIDEN NAME Clara Griffin

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. —

17. INFORMANT David Brown Address 2014 Wabash

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Asphyxiation

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) Carbon Monoxide

INTERVAL BETWEEN ONSET AND DEATH: E9160 16

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO X 2

20a. ACCIDENT X SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) House Fire

20c. TIME OF INJURY Hour a. m. 5130 Month, Day, Year 7/31/1957

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20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK X

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 1214 Montgall

20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson STATE Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. M. Tillman M.D. Deputy Coroner 3

22b. ADDRESS 1618 Lydia Ave.

22c. DATE SIGNED 8/2/57

23a. BURIAL, CREMATION, REMOVAL (Specify) burial

23b. DATE 8-6-57

23c. NAME OF CEMETERY OR CREMATORY Lincoln

23d. LOCATION (City, town, or county) Kansas City (State) Mo.

24. FUNERAL DIRECTOR Watkins Bros. Fun. Home ADDRESS 1 Fm Benton

25. DATE RECD. BY LOCAL REG. 8-5-57

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

L. M. Tillman

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

...lth, ...elfare ...blic ...rvice ...00 ...-56

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Landis H. Jackso

Licensed Embalmer No. 4-8

P. O. Address K. C.

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.