

FILED OCT 9 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31733**
4354

BIRTH NO. 0 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4354

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived—Place of birth, if different) a. STATE KANSAS b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write full name and give zip) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. LENGTH OF STAY (In this place) 2 days		d. Residence within limits of a city or corporate government? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Queen of the Heald Hosp. Inc.		e. STREET ADDRESS (If rural, give location) Queen of the Heald Hosp. Inc.	
3. NAME OF DECEASED (Type or Print) MAREN N.M.N. Brown		4. DATE OF DEATH (Month) (Day) (Year) Sept. 14, 1957	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Newborn	8. DATE OF BIRTH Sept. 12, 1957
9. AGE (In years last birthday) 2	10. UNDER 1 YEAR Months 2	11. UNDER 18 Hrs. Mins. 20	12. CITIZEN OF WHAT COUNTRY USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Newborn	10b. KIND OF BUSINESS OR INDUSTRY Newborn	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo.	12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME Cleo BROWN	13. MOTHER'S MAIDEN NAME Alice Jewell Fakner	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 OF NAME Cleo Brown, Father ADDRESS 2462 A Brooklyn Ave	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Immaturity INTERVAL BETWEEN ONSET AND DEATH 2 days ANTECEDENT CAUSES Pre maturity DUE TO (b) Pre maturity DUE TO (c) Pulmonary Atelectasis II. OTHER SIGNIFICANT CONDITIONS Pulmonary Atelectasis 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 checked="" 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) 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 9-12 , 19 57 , to 9-14 , 19 57 , that I last saw the deceased alive on 9-14 , 19 57 , and that death occurred at 3:27 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Starks J. Wilbur M.D.		23b. ADDRESS 2462 A Brooklyn Ave	23c. DATE SIGNED 9-14-57
24a. BURIAL CREMATION (REMOVAL) (Specify) Burial	24b. DATE 9/20/57	24c. NAME OF CEMETERY OR CREMATORY Westlawn	24d. LOCATION (City, town, or county) (State) K.C. Wyandotte, Kansas
DATE REC'D BY LOCAL REG. 9-19-57	REGISTRAR'S SIGNATURE neva minshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bailey Funeral Home K.C. Kansas	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Starks J. Williams

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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 *C. Kenneth Reynolds*

Licensed Embalmer No. *447*

P. O. Address *J. C. M.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.