

FILED NOV 14 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4963

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY SALINE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SALINA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V. A. HOS PITAL			Length of stay in lb 53 days	d. STREET ADDRESS (If outside, give location) 612 West South St.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JOEL Eben BROWN				4. DATE OF DEATH Month Day Year OCTOBER 26, 1957			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH August 15, 1988		9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBER			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) SALINA, KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME PETE AUGUST BROWN				14. MOTHER'S MAIDEN NAME EUGENIA TECKLA LUNDBERG			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. 511-10-6062		17. INFORMANT Address Official Records, VA Hospital, K.C., Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c):] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchopneumonia</u> DUE TO (b) _____ DUE TO (c) <u>Bronchogenic Carcinoma, alveolar type</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____							INTERVAL BETWEEN ONSET AND DEATH <u>1624</u>
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. <u>VA</u> attended the deceased from <u>September 3, 57</u> to <u>October 26, 1957</u> and last saw him <u>12:05 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated. Death occurred at <u>12:05 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>J. A. Turner</u> (Degree or title) M.D.				22b. ADDRESS VA Hospital, K.C., Mo.		22c. DATE SIGNED 10-26-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-26-57	23c. NAME OF CEMETERY OR CREMATORY Salina, Kansas		23d. LOCATION (City, town, or county) (State) KCCXK Salina, Kansas			
24. FUNERAL DIRECTOR Fulton, F.H K.C.K ADDRESS			25. DATE RECD. BY LOCAL REG. 10-26-57		26. REGISTRAR'S SIGNATURE <u>neva Minshall</u>		

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
J. A. Turner



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 *Ralph Fulton* _____
Licensed Embalmer No. 303

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.