

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014093  
STATE FILE NUMBER  
1788

FILED APR 23 1958

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

S. 300  
1-57

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 KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		Length of stay, in 1b 20 3 day 10 hrs 0	d. STREET ADDRESS (If outside, give location) 523 BENTON		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last RALPH ALFRED BROWN			4. DATE OF DEATH Month Day Year April 6, 1958		
5. SEX MALE <input type="checkbox"/>	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 5-17-93		9. AGE (In years) (If UNDER 1 YEAR, give Months Days; IF UNDER 24 HRS., give Hours Min.) 61
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SELF EMPLOYED		10b. KIND OF BUSINESS OR INDUSTRY C.A.A. ACCOUNTANT	11. BIRTHPLACE (City and state or country) ATCHISON, KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME ALFRED BROWN		13b. MOTHER'S MAIDEN NAME AMANDA WOODS		14. NAME OF HUSBAND OR WIFE DOSHA BROWN	
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. 708-10-2021		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>Hemo-pericardium</u>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Sacular ruptured aneurysm, thoracic aorta</u> DUE TO (c) <u>Syphilitic aortitis</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   8237
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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>April 6, 1958</u> to <u>April 6, 1958</u> <u>4:30 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated. Death occurred at <u>3:10 PM</u>					
22a. SIGNATURE <u>Joseph L. Cozzafelli</u> COZZAFELLI, M.D.			22b. ADDRESS VA HOSPITAL, K.C., MO.		22c. DATE SIGNED 4-7-58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE APRIL 9 1958	23c. NAME OF CEMETERY OR CREMATORY RULO CEMETERY		23d. LOCATION (City, town, or county) (State) RULO NEBRASKA
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		ADDRESS 1931 BRUSH CREEK KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 4-8-58	26. REGISTRAR'S SIGNATURE neva minshall

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

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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

*Harold B. Catterma*

Licensed Embalmer No. 3035

P. O. Address *Harold B. Catterma*

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.