

Health, Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021817  
STATE FILE NUMBER  
2987

FILED JUL 14 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2987

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		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp.		d. STREET ADDRESS (If outside, give location) 311 W. 51st Terr.	
Length of stay in 1b 33 yrs		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Forrest T Brown			4. DATE OF DEATH Month Day Year June 14, 1958		
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5. SEX Male <sup>♂</sup>	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 Jan. 5, 1885	9. AGE (In years last birthday) 73	10. F UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Champion Realty Co.	11. BIRTHPLACE (City and state or country) Indiana	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME Forrest Brown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Jane T. Brown
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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. 171-05-8796	17. INFORMANT Jane Turley Brown	Address 311 W. 51 Terrace
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Aplastic Anemia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 1/2 yrs.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	<i>2924</i>
	DUE TO (c)	
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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour .Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from Death occurred at <i>Jan 15 1885</i> to <i>June 14, 1958</i> and last saw him alive on <i>June 13, 1958</i> <i>3:30 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <i>Martin P. Hunter M.D.</i>	22b. ADDRESS <i>1408 Waldheim Bldg</i>	22c. DATE SIGNED <i>6/14/58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE 6-16-1958	23c. NAME OF CEMETERY OR CREMATORY D. W. Newcomer's Sons	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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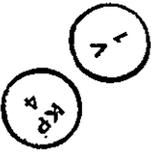
24. FUNERAL DIRECTOR Stine & McClure Undertaking Co. KC, Mo.	ADDRESS <i>6-14-58</i>	25. DATE RECD. BY LOCAL REG. <i>6-14-58</i>	26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>
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(Licensed Embalmer's Statement on Reverse Side)

Martin P. Hunter-use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.



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 *Eugene L. Korman*

Licensed Embalmer No. *4633*  
P. O. Address *R. E. 260*

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.