

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001219

STATE FILE NUMBER

63

FILED JAN 21 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

300
-57

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Wyandotte		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hosp		Length of stay in lb 35 days	d. STREET ADDRESS (If outside, give location) Kansas City 2731 Spring		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Mary Marie Middle Brown Last				4. DATE OF DEATH Month 1 Day 5 Year 59	
5. SEX Fe	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-22-1889	9. AGE (In years last birthday) 69 IF UNDER 1 YEAR: Months 0 Days 0 IF UNDER 24 HRS.: Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Desoto Mo		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Jahn Dickerman		13b. MOTHER'S MAIDEN NAME Margaret McBroom		14. NAME OF HUSBAND OR WIFE James F. Brown	
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. 513-09-0790B	17. INFORMANT Address 4038 W. Warwick Maxine Faye Harris daughter		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cachexia					INTERVAL BETWEEN ONSET AND DEATH 2 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Metastatic adenocarcinoma to liver					2-3 mos.
DUE TO (c) No primary tumor found. 1962					
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 type="checkbox"/> NO <input checked="" 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.)			
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.) Home	20f. CITY, TOWN, OR LOCATION Kansas City		COUNTY Jackson STATE Mo.
21. I attended the deceased from 1 Dec '68 to 1/4/59 and last saw her alive on 1/3/59 Death occurred at 3:10 AM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Do not write in title) William A. Leo, M.D.			22b. ADDRESS 1612 Professional Bldg.		22c. DATE SIGNED 1/6/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-8-59	23c. NAME OF CEMETERY OR CREMATORY Floral Hills Gardens		23d. LOCATION (City, town, or county) (State) Kansas Cyrt Mo	
24. FUNERAL DIRECTOR Floral Hills Chapels		ADDRESS K.C. Mo.	25. DATE RECD. BY LOCAL REG. 1-6-59	26. REGISTRAR'S SIGNATURE Neva Marshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Dr. Clark
Prof. K. L. J.
11th St. & Grand
2 pm to 4:30 pm

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 *John P. Sidman*
Licensed Embalmer No. *4531*
P. O. Address *Kansas City*

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.