Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-005451
STATE FILE NUMBER

FILED FEB 19 1959 Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 553

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Kansas City — Inside Limits: Yes ☐ No ☑ #
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Colonial Nursing Home 100 E. 36st. — Length of stay in lb: 1 yr.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Buchanan
c. CITY OR TOWN: St Joseph 0117 — Inside Limits: Yes ☑ # No ☐
d. STREET ADDRESS (If outside, give location): 2917 Charles — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Paul Middle: Adolph Last: Brown

4. DATE OF DEATH Month Day Year: Jan. 29, 1959

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ # 2 DIVORCED ☐
8. DATE OF BIRTH: Jan. 10, 1871
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Postal Clerk
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Carbondale Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Albert Brown
13b. MOTHER'S MAIDEN NAME: Mary Unknown
14. NAME OF HUSBAND OR WIFE: Anna 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.: none
17. INFORMANT Address: Regina Ringwalt 4707 Campbell K. C. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Chr myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 10 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Chr. Nephritis — 10 yrs
DUE TO (c): Senility — 10 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): None

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): no
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: no
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): no
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 1, 1959, to Jan 29, 1959 and last saw her alive on Jan 29, 1959.
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M. B. Casebolt MD
22b. ADDRESS: 4000 Baltimore K. C. Mo
22c. DATE SIGNED: 1/29/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 1/29/59
23c. NAME OF CEMETERY OR CREMATORY: —
23d. LOCATION (City, town, or county) (State): St Joseph Mo.

24. FUNERAL DIRECTOR ADDRESS: Stine & McClure K. C. Mo.
25. DATE RECD. BY LOCAL REG.: 1-29-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

M. B. Casebolt

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 Behan W. Meeker, Student Embalmer No. 569 working under my personal supervision.

Student Behan W. Meeker Signed Eugene L. [illegible]
Signature of Student Embalmer

Licensed Embalmer No. 4633

P. O. Address [illegible]

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.