

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013192

STATE FILE NUMBER

1763

FILED APR 27 1959

Registration District No. 149 Primary Registration District No. 1.002 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 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 Gen. Hosp.		Length of stay in lb 8 yrs.	d. STREET ADDRESS (If outside, give location) 114 W. 34th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Artorya Middle Brown Last Brown			4. DATE OF DEATH Month Apr. Day 5, Year 1959		
5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 5, 1917	9. AGE (In years last birthday) 41	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) Janitor		10b. KIND OF BUSINESS OR INDUSTRY Apt. Bldg.	11. BIRTHPLACE (City and state or country) Arthur City Tex	12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Will Brown		13b. MOTHER'S MAIDEN NAME Angie (Unknown)		14. NAME OF HUSBAND OR WIFE Alpha Brown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War II		16. SOCIAL SECURITY NO. 487-34-4766	17. INFORMANT Address Mrs. Alpha Brown, 114 W. 34th St.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Traumatic Intracranial Hemorrhage					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) cause undetermined 9369					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Surgical Operation at General Hospital 48					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.) unknown			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. 4/4/1959					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 114 W 34th	20f. CITY, TOWN, OR LOCATION Kansas City Jackson, Mo			
21. I attended the deceased from _____, to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Deputy coroner			22b. ADDRESS 1618 Lydia Ave		22c. DATE SIGNED 4/7/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 4/7/59	23c. NAME OF CEMETERY OR CREMATORY Arthur City, Texas		23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR Badeau, Appleton & Jones, K.C., MO		ADDRESS	25. DATE RECD. BY LOCAL REG. 4-7-59	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.

L. M. Tillman

no 2, 6929.

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

Licensed Embalmer No.....

P. O. Address

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.