

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025019

FILED VS AUG 10 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3584 STATE FILE NUMBER

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) 4 Kansas City		Length of stay in 1b 4 1/2 Mo.		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 Albritton Nursing Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2055 Springfield Blvd			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Thornton Middle Brown Last Brown				4. DATE OF DEATH Month 7 Day 22 Year 59			
5. SEX <input checked="" type="checkbox"/> Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-7-1893	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deputy Sheriff		10b. KIND OF BUSINESS OR INDUSTRY Wyan. County Sheriff		11. BIRTHPLACE (City and state or country) Kansas City Kans		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Albert Brown			13b. MOTHER'S MAIDEN NAME Amanda ?		14. NAME OF HUSBAND OR WIFE Nannie Brown- 2055 Spring		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. WW 1 513-16-6685		17. INFORMANT Address Nannie Brown 2055 Springfield K.C.K.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis DUE TO (b) Arteriosclerosis DUE TO (c) not known Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH not known not known	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) not known						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE Neither		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY (Hour, am, pm) None							
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, office bldg., etc.) None		20f. CITY, TOWN, OR LOCATION Kansas City		COUNTY Jackson	STATE Mo
21. I attended the deceased from 29 June 59 to 22 June 59 and last saw him alive on 21 June 59 . Death occurred 22 June 59 4 40 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Ink or type) John H Wells MD				22b. ADDRESS 4011 Fenwick Blvd		22c. DATE SIGNED 23 June 59	
23a. BURIAL, CREMATION, REMOVAL removal		23b. DATE 7-27-59	23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) (State) Ft. Leavenworth Kansas		
24. FUNERAL DIRECTOR ADDRESS Nathan W. Thatcher K.C.K.				25. DATE RECD. BY LOCAL REG. 7-24-59	26. REGISTRAR'S SIGNATURE Neve Marshall		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
John H Wells

1959 AUG 10

✓

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Clifford L. Wood
Licensed Embalmer No. 3106

P. O. Address 15207

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.