Health, Welfare Public Service

300 -57

FILED VS SEP 23 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-032246

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 4315

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Kansas City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION Childrens' Mercy Hosp. — Length of stay in 1b: 4 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Bates
c. CITY OR TOWN Urich — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) Henry — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First Donna Middle Yvonne Last Brown

4. DATE OF DEATH: Month 9 Day 5 Year 1959

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 4-9-54
9. AGE (In years last birthday): 5 yrs. — 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): Child
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Harrisonville Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Cecil Brown
13b. MOTHER'S MAIDEN NAME: Mary E. ~~Br~~ Taylor
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mary E. Brown Address: Urich, 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) Atelectasis of the lungs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Bilateral pneumonia aspiration
DUE TO (c) Shock

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CC31

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9-1-59 to 9-5-59 and last saw her/him alive on 9-5-59
Death occurred at 8:15 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. D. Parman (Degree or title) M.D.
22b. ADDRESS 1710 Independence Ave. K.C. Mo.
22c. DATE SIGNED 9-5-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Sept 8-1959
23c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery
23d. LOCATION (City, town, or county) Harrisonville (State) Missouri

24. FUNERAL DIRECTOR Carson & Sons ADDRESS Independence Mo
25. DATE RECD. BY LOCAL REG. 9-5-59
26. REGISTRAR'S SIGNATURE Neva Minshall

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

R. D. Parman

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 R. Kenneth Patterson

Licensed Embalmer No. 4697

P. O. Address Independence, Mo.

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.