

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-014533

FILED VS MAY 9 1960

Registration District No. 393 Primary Registration District No. 1002 Registrar's No. 2273

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>CLAY</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>CLAY</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		Length of stay in lb <b>38 yrs.</b>		c. CITY OR TOWN <b>KANSAS CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4100 E. BARRY Rd.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>4100 E. BARRY Rd.</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>MRS. NETTIE LEONA BROWN</b>				4. DATE OF DEATH Month Day Year <b>April 22 1960</b>				
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>2-2-1902</b>	9. AGE (last birthday) <b>58</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>ALTON, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>HUSTON WILLIAMS</b>			13b. MOTHER'S MAIDEN NAME <b>VIRGINIA BROWN</b>			14. NAME OF HUSBAND OR WIFE <b>ELMER D. BROWN</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT Address <b>4100 E. BARRY Rd., K.C., Mo.</b> <b>ELMER D. BROWN</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma rectum with general metastasis</b>							INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b)		DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
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 a.m. p.m. Month, Day, Year								
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from <b>March 29, 1958</b> to <b>April 22, 1960</b> and last saw her <b>xx</b> alive on <b>April 22, 1960</b> Death occurred at <b>5:15 P.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>Glenn W. Henderson MD</b>			22b. ADDRESS <b>Liberty, Missouri</b>			22c. DATE SIGNED <b>April 23-60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>4-25-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>White Chapel Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>CLAY COUNTY, Mo.</b>			
24. FUNERAL DIRECTOR <b>D.W. Newcomers Sons, No. K.C., Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>4-23-60</b>		26. REGISTRAR'S SIGNATURE <b>new minimal</b>			

DOCUMENT

BY AFFIDAVIT OF Glenn W. Henderson MEDICAL CERTIFICATION

0961 12 NOV

**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 Basil J. Honey,

Licensed Embalmer No. 47241

P. O. Address K. C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.