

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019310

FILED VS. JUN 6 1960 149

Registration District No. 1002 Primary Registration District No. 2837 REGISTRAR'S No. STATE FILE NUMBER

INDEXED

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) Kansas City		Length of stay in 1b 1 yr.	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nursing Home--918 E. 9th St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 918 E. 9th St.
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Mrs. Alice Evelyn Brown			4. DATE OF DEATH Month May Day 24 , Year 1960	
5. SEX Fe	6. COLOR OR RACE wh	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-2-1883	9. AGE (last birthday) 77 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Hamilton Co., Indiana	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John W. Riley		13b. MOTHER'S MAIDEN NAME Mary Ellen Fleming		14. NAME OF HUSBAND OR WIFE Wilford Burt 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. -	17. INFORMANT Address Mr. Lawrence B. Brown--2609 N. 21st 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) arteriosclerotic cardiovascular disease		INTERVAL BETWEEN ONSET AND DEATH ? signs
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 type="checkbox"/> No <input type="checkbox"/> Unknown	
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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
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21. I attended the deceased from **June 1958** to **Feb 1960** and last saw her/him alive on **Feb. 12, 1960**
 Death occurred at **10:45 am - May 24-60** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R Paul Wright M.D.	(Degree or title)	22b. ADDRESS 1324 Prof. Bldg	22c. DATE SIGNED May 25-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-26-60	23c. NAME OF CEMETERY OR CREMATORY Highland Park Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Kansas
24. FUNERAL DIRECTOR Gibson & Son Funeral Home--K.C.K.	ADDRESS	25. DATE RECD. BY LOCAL REG. 5-25-60	26. REGISTRAR'S SIGNATURE Alva Marshall

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Paul Wright

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 Phil C. Gibson

Licensed Embalmer No. 3130

P. O. Address Hannibal

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.