IRI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS SEP 6 1960

60-030462

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4250

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 12yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Marys Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 109 East 33rd. St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Howard Middle: R. Last: Browning
4. DATE OF DEATH: Month: Aug. Day: 18th, Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3/4/92
9. AGE (last birthday): 68 — 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): Conductor
10b. KIND OF BUSINESS OR INDUSTRY: Rock Island R.R.
11. BIRTHPLACE (City and state or country): Spicard Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Alfred Browning
13b. MOTHER'S MAIDEN NAME: Mary Bondurant
14. NAME OF HUSBAND OR WIFE: Grace Browning
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 707-16-4809
17. INFORMANT: Grace Browning Address: 109 E-33rd, K.C. 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): myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): coronary arteriosclerosis
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ 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 1956 to 8/18/60 and last saw her/him alive on 8/17/60
Death occurred at 9:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF James R. Mc Vay

22a. SIGNATURE: James R. McVay (Degree or title): M.D.
22b. ADDRESS: 814 V.F.W. Bldg.
22c. DATE SIGNED: 8/19/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 8/19/60
23c. NAME OF CEMETERY OR CREMATORY: Maple Grove Cem.
23d. LOCATION (City, town, or county) (State): Trenton Missouri
24. FUNERAL DIRECTOR: Earp & Sons ADDRESS: Kansas City, Mo.
25. DATE RECD. BY LOCAL REG.: 8-19-60
26. REGISTRAR'S SIGNATURE: H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmec

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John B. Coup

Licensed Embalmer No. 29

P. O. Address 14 C.

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