

JRI DIVISION OF HEALTH—STANDARD CERTIFICATE OF DEATH

-60-034768

FILED VS SEP 20 1960 49

Registration District No. 1002 Primary Registration District No. 1002 Registrar's No. 4458 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) OR TOWN KANSAS CITY		Length of stay in 1b 23 yrs.	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospt. No 1		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2107 Park		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First BEVERLY Middle Last GREAUX			4. DATE OF DEATH Month 8 Day 26 Year 60			
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 11-4-1936	9. AGE (last birthday) 23 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse Aid		10b. KIND OF BUSINESS OR INDUSTRY St. Joseph Hospt.	11. BIRTHPLACE (City and state or country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Brown		13b. MOTHER'S MAIDEN NAME Anna Ewing		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) Yes 3-21-52 11-22-52		16. SOCIAL SECURITY NO. —	17. INFORMANT Address Anna Brown 2107 Park Mother			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock DUE TO (b) Toxic Gastritis DUE TO (c) Ingestion of Sodium Fluoride PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (b) 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					INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Ingestion of Sodium Fluoride				
20c. TIME OF INJURY Hour 10:59 p.m. Month, Day, Year 8/26/60	20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) 2107 Park Ave	20f. CITY, TOWN, OR LOCATION Kansas City, Mo.		COUNTY Jackson STATE Mo.	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE Deputy Coroner			22b. ADDRESS 1618 Lydia Ave		22c. DATE SIGNED 8/30/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-1-60	23c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn	23d. LOCATION (City, town, or county) Kans. City, Missouri			
24. FUNERAL DIRECTOR ADDRESS WATKINS BROS. FUNERAL HOME 18th & Benton		25. DATE RECD. BY LOCAL REG. 8-31-60	26. REGISTRAR'S SIGNATURE H-L. Dwyer			

BY AFFIDAVIT OF *Deputy Coroner* *William* MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Bruce R. Watkins

Licensed Embalmer No. 457

P. O. Address 18th St

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