SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

-61-013027
STATE FILE NUMBER

AMENDED

Registration District No. 711 Primary Registration District No. 3012 Registrar's No. 37

FILED APR 20 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Excelsior Springs
Length of stay in 1b: 30 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 330 Bluff Street
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Clay
c. CITY OR TOWN: Excelsior Springs
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 330 Bluff St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Jennie Middle: Last: Brown
4. DATE OF DEATH Month Day Year: Approx. Mar 30 61
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 10-28-1883
9. AGE (last birthday): 78
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): At home
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Spickard, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Orie Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ——
16. SOCIAL SECURITY NO.: None
17. INFORMANT Address: Mrs. Wm. Mayse, 4101½ Troost, 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): Unknown------Probably cardiac, body
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): badly decomposed when found.
DUE TO (c):
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)
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 ____, 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: O. L. Patterson (Coroner) (Degree or title)
22b. ADDRESS: North Kansas City, Mo.
22c. DATE SIGNED: 4/5/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-5-61
23c. NAME OF CEMETERY OR CREMATORY: Crown Hill
23d. LOCATION (City, town, or county) (State): Excelsior Springs, Mo.

24. FUNERAL DIRECTOR ADDRESS: Prichard Funeral Home, Inc. Excelsior Springs, Missouri
25. DATE RECD. BY LOCAL REG.: 4-15-61
26. REGISTRAR'S SIGNATURE: Caroline Hutching

(Attach 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 not embalmed by me

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ralph Van Sandingham

Licensed Embalmer No. 4009

P. O. Address Excelsior Springs, 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.