

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

2070-61-017318
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2070

DATE AMENDED
MAY 17 1961
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

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 **4 yrs.**
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **General Hospital** 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) **2308 Woodland Ave.** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
Sammie Lee Brown **April 22, 1961**

5. SEX **male** 6. COLOR OR RACE **Negro** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **10-2-56** 9. AGE (last birthday) **4** 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) **(infant) not employed** 10b. KIND OF BUSINESS OR INDUSTRY ----- 11. BIRTHPLACE (City and state or country) **Kansas City, Mo...** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Sammie Lee Brown** 13b. MOTHER'S MAIDEN NAME **Lee Senda Williams** 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) **no** 16. SOCIAL SECURITY NO. **none** 17. INFORMANT **Senda Lee Brown, K. C. Mo.** Address -----

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY:
PART I. IMMEDIATE CAUSE (a) **Stroke + Hematology consulting**
DUE TO (b) **from Pastoral Luther & S. Meek**
DUE TO (c) -----
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
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.) **Struck by a car**

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year **4-22-61**

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.) **Street** 20f. CITY, TOWN, OR LOCATION COUNTY STATE **Kansas City Jackson Miss**

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Geo. Kealhofer, M.D. Deputy Coroner** 22b. ADDRESS **6627 Pleasant St. Overland** 22c. DATE SIGNED **4-25-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **4-26-61** 23c. NAME OF CEMETERY OR CREMATORY **Highland Cemetery** 23d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Mrs. Meek's Mortuary, K. C. Mo.** 25. DATE RECD. BY LOCAL REG. **4-26-61** 26. REGISTRAR'S SIGNATURE **Ruth Long**

STATEMENT BY LICENSED EMBALMER

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

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Millard B. Paske

Licensed Embalmer No. 5013

P. O. Address N C M

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.