

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-021192

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3027

FILED JUL 5 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

BY AFFIDAVIT

DOCUMENT

M.B. Casebolt MEDICAL CERTIFICATION

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| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | | Length of stay in 1b 24 YEARS | c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5215 CLEVELAND | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 5215 CLEVELAND AVENUE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First LUCY Middle OLEVA Last BROWNING | | | 4. DATE OF DEATH Month JUNE Day 15th Year 1961 |
| 5. SEX FEMALE | 6. COLOR OR RACE CAUCASIAN | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3/17/07 |
| 9. AGE (last birthday) 54 | | 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 ----- | 11. BIRTHPLACE (City and state or country) HICKORY COUNTY, MO. |
| 12. CITIZEN OF WHAT COUNTRY U.S. A. | | 13a. FATHER'S NAME BENT BARGER | |
| 13b. MOTHER'S MAIDEN NAME MARY ROUNDTREE | | 14. NAME OF HUSBAND OR WIFE FRANK BROWNING | |
| 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 MRS. CARL PARVIN Address 6807 SYCAMORE KANSAS CITY, MO. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocarditis DUE TO (c) Pneumonia | | | INTERVAL BETWEEN ONSET AND DEATH 10 yrs 5 yrs 10 yrs |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None | | | 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 |
| 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. 4:40 | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 410 | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from June 19 55 - June 15 1961 and last saw her alive on June 15, 1961 Death occurred at 10:32 P. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Mrs. Casebolt MO (Degree or title) | | 22b. ADDRESS 4000 Baltimore St. C. Mo | 22c. DATE SIGNED 6/19/61 |
| BURIAL, CREMATION, OR OTHER (Specify) BURIAL | 23b. DATE JUNE 17, 1961 | 23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY | 23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI |
| 24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS | | 25. DATE RECD. BY LOCAL REG. 6-17-61 | 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 Louis Ruest

Licensed Embalmer No. 4096

P. O. Address K. C. 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.