

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-025059

STATE FILE NUMBER

AMENDED

Registration District No. 149
 Filed Jul 20 1961

Primary Registration District No. 1002 Registrar's No. 3274

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF High H. Owens

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 In Transit		c. CITY OR TOWN Lees Summit		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 50 Hiway & Noland Rd			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 405 Village Drive		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First HERBERT Middle EDWARD Last BROWN				4. DATE OF DEATH Month July Day 1 Year 1961											
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10/27/29		9. AGE (last birthday) 31		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Iron Worker				10b. KIND OF BUSINESS OR INDUSTRY Havens Steel Co				11. BIRTHPLACE (City and state or country) Kansas City Mo		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Amos Brown				13b. MOTHER'S MAIDEN NAME TNTHIA				14. NAME OF HUSBAND OR WIFE Mayes Charlotte M Brown							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes 1/47 to 1/50				17. INFORMANT Harold Brown 100 Brooklyn K C Mo				Address							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple skull fractures DUE TO (b) Crushed chest for Rt & arm DUE TO (c) + broken legs Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										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) History of Insufficiency								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 SUICIDE HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) One car struck bridge											
20c. TIME OF INJURY (hour a.m. p.m.) 7-1-61		Month, Day, Year		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.) highway		20f. CITY, TOWN, OR LOCATION Kansas City		COUNTY Jackson		STATE MO	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE Ruth H Owens (Degree or title)						22b. ADDRESS 15 2 Union Station				22c. DATE SIGNED 7-1-61					
23a. BURIAL, CREATION, REMOVAL (Specify) BURIAL			23b. DATE 7-3-61		23c. NAME OF CEMETERY OR CREMATORY FLOREAL HILLS				23d. LOCATION (City, town, or county) (State) K.C. MO.						
24. FUNERAL DIRECTOR Sheil Funeral Home Kansas City Mo						ADDRESS		25. DATE RECD. BY LOCAL REG. 7-1-61		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 J. P. Sheil

Licensed Embalmer No. 3625

P. O. Address N.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.