

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025062

3465

STATE FILE NUMBER

AMENDED

Registration District No. 147 Primary Registration District No. 1002 Registrar's No. 3465

FILED JUL 28 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Jackson</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Clay</u>
Length of stay in lb <u>1 month</u>		c. CITY OR TOWN <u>Pleasant Valley</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <u>Leiderman Nursing Home</u>		d. STREET ADDRESS <u>_____</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Lucy Middle - Last Brown 4. DATE OF DEATH Month July Day 9 Year 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 4-26-1878 9. AGE (last birthday) 83 MONTHS 0 DAYS 0 HOURS 0 MIN. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY at home 11. BIRTHPLACE (City and state or country) Kinderhook, Ill. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Albert J. Jones 13b. MOTHER'S MAIDEN NAME Julia W. Woolburn 14. NAME OF HUSBAND OR WIFE Larry A. Brown

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. - 17. INFORMANT Mrs. Paul Nelson Address Pleasant Valley, 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)	<u>Acute Respiratory failure</u>	INTERVAL BETWEEN ONSET AND DEATH	<u>10 min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Encephalomalacia</u>		<u>2 mo</u>
	DUE TO (c) <u>Cerebral thrombosis</u>		<u>2 mo</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Somnolence, severe decubiti 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 11 am Month, Day, Year Sept 1960

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 Sept 1960 to July 9-1961 and last saw her alive on July 8, 1961. Death occurred at 11 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dorise E. Boone MD 22b. ADDRESS 2025 Swift - NKC 16 Mo 22c. DATE SIGNED 7-1-61

23a. BURIAL, CREMATION REMOVAL (Specify) Burial 23b. DATE 7-12-1961 23c. NAME OF CEMETERY OR CREMATORY White Chapel 23d. LOCATION (City, town, or county) (State) K.C. N. Mo.

24. FUNERAL DIRECTOR C. H. Blackman & Son Inc. K.C. Mo ADDRESS _____ 25. DATE RECD. BY LOCAL REG. 7-11-61 26. REGISTRAR'S SIGNATURE Ruth Long

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
DATE
C. B. CORRE
ITEM NO. SHOULD READ

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 W.C. Benine

Licensed Embalmer No. 4879

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.