

## OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

16535

756

STATE FILE NUMBER

61-047926

AMENDED

Registration District No. 149

Primary Registration District No. 1002 Registrar's No.

FILED MAR 7 1962

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Wyandotte</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Conley Maternity Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>1411 S. 34th St.,</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>MICHAEL LaDON BROWN</b>		4. DATE OF DEATH Month Day Year <b>Dec. 3, 1961</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/3/61</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and state or country) <b>K. C., Mo.</b>
13a. FATHER'S NAME <b>Leroy Brown</b>		13b. MOTHER'S MAIDEN NAME <b>Hattie Howe</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT <b>Hattie How Brown</b>		Address <b>1411 S. 34th.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Interruption of Oxygen Cycle</b> DUE TO (b) <b>Resorption of placenta</b> DUE TO (c) <b>Immaturity of prematurity</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b> <b>5-8 Hrs</b> <b>-</b>
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. <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. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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 <b>12/3/61</b> to <b>12/3/61</b> and last saw <sup>her</sup> him alive on <b>12/3/61</b> Death occurred at <b>6:45 A.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>M. C. Cortney D.O.</b>		22b. ADDRESS <b>Kansas City, Mo.</b>	
22c. DATE SIGNED <b>2-9-62</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>12-3-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Conley Hosp.</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas city mo.</b>
24. FUNERAL DIRECTOR <b>Conley Hosp. Kansas City, Mo.</b>		26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>	
25. DATE RECD. BY LOCAL REG. <b>2-9-62</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

M. C. Cortney

(Licensee/Embalmer's Statement on Reverse Side)

21-7977

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.