

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010792

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

REGISTRATION DISTRICT NO. 1002 REGISTRAR'S NO. 1283

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 26 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

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 10 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 ST MARY'S HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give institution) 1107 LINWOOD BLVD CORNELL Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WALLER NEET BRAWNER		4. DATE OF DEATH Month Day Year MARCH 2nd 1962	
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/3/81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 80
11. BIRTHPLACE (City and state or country) CLINTON, MISSOURI		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME JOHN BRAWNER		13b. MOTHER'S MAIDEN NAME HARRIET CROWLEY	
14. NAME OF HUSBAND/OR WIFE MRS. ANNIE BRAWNER		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. ANNIE BRAWNER Address 1107 LINWOOD KANSAS CITY, MO	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Di. Latent Bacterial Pneumonia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio sclerosis. DUE TO (c) Encephalomalacia.			INTERVAL BETWEEN ONSET AND DEATH <i>10 days</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>dry gangrene both legs.</i>			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 <i>1956</i> to <i>3/2/62</i> and last saw ^{her} him alive on <i>3/2/62</i> . Death occurred at <i>11:20 P.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Edmond C. Carrier M.D.</i>		22b. ADDRESS <i>315 1/2 Spectacle Rd. K.C. Mo</i>	
22c. DATE SIGNED <i>3/4/62</i>		23. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY KANSAS CITY MISSOURI	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MAR. 5, 1962	
24. FUNERAL DIRECTOR D.W. Newcomer's Sons Kansas City Mo		25. DATE RECD. BY LOCAL REG. 3-5-62	
26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>			

USE BLACK INK OR TYPEWRITER RIBBON

Sheet 2 of 2

*See Below Carrier
2410 W 64 EN2-7577
Able to Mr. May's things
& have him signed
& have him sign -*

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 Vern Lawler

Licensed Embalmer No. 4915

P. O. Address K G 2nd

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.