

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=62-026398**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. FILED JUL 22 1962 Primary Registration District No. 3013 Registrar's No. 123

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 6004

2 6000

3 2

4 1

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6

7 0

8 1

9 1992

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11

12 6-0

13 2-0

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Clay</u>  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>North Kansas City</u>   |  | Length of stay in lb<br><u>4 Weeks</u>  | c. CITY OR TOWN<br><u>Kansas City</u>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><u>NKC Memorial Hospital</u>  |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>225 East 83rd. St. No.</u>   |  |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><u>PEARL LENA BROWN</u>   |  |   | 4. DATE OF DEATH<br>Month Day Year<br><u>July 15 1962</u>   |  |  |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>white</u>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>1-31-1896</u>  | 9. AGE (last birthday)<br><u>66</u>  | IF UNDER 1 YEAR<br>Months Days Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Home</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Berry County, Missouri</u>   |  | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>   |
| 13a. FATHER'S NAME<br><u>Richard M. Carr</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Burch</u>   |   | 14. NAME OF HUSBAND OR WIFE<br><u>Paul J. Brown</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>   |  |   | 17. INFORMANT Address<br><u>Mrs. Leonard James 225 E. 83rd. St. No</u>  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Electrolyte imbalance</u><br>DUE TO (b) <u>malnutrition</u><br>DUE TO (c) <u>metastatic carcinoma</u>                                |  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 day</u><br><u>1 mo.</u><br><u>unknown</u>   |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input 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<br>Hour a.m. p.m.<br>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 <u>June 17, 1962</u> to <u>July 15, 1962</u> and last saw her/him alive on <u>July 15, 1962</u><br>Death occurred at <u>No. K.C. Memorial Hosp.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |   |  |  |
| 22a. SIGNATURE <u>E. S. Peterson, M.D.</u> (Degree or title)  |  |   | 22b. ADDRESS<br><u>6708 N. Oak St. K.C 18, MO.</u>  |  | 22c. DATE SIGNED<br><u>7/16/62</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>7-19-62</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>White Chapel Memorial Gardens</u>  |   | 23d. LOCATION (City, town, or county) (State)<br><u>St. Ladstone, MO</u>   |  |
| 24. FUNERAL DIRECTOR<br><u>Mellody-McGilley-Eylar</u>   |  | ADDRESS<br><u>Vivion Rd. 3325</u>   | 25. DATE RECD. BY LOCAL REG.<br><u>7-18-62</u>  |  | 26. REGISTRAR'S SIGNATURE<br><u>Marquerite Hudgens</u>                               |

Antioch Chapel

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

Mr. E. S. Peterson  
6708 N. Oak St. Irving.  
He 6-0140

Mon: 1:00 to 5:30

Take to Lowell

Antioch

**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

*Robert Landes*

Licensed Embalmer No. 5103

P. O. Address S. C. 32 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.