

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

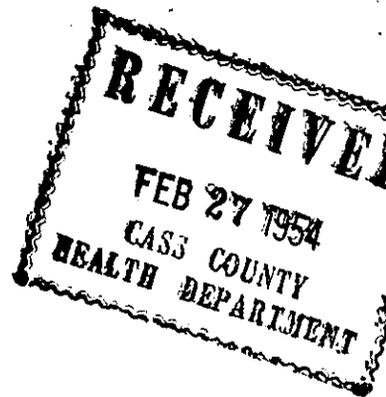
State File No. **4262**
REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **5227** Registrar's No. **29**

FILED MAR 2 1954

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Wandotte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Peculiar Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City Kansas	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 707 Riverview	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 Miles N. On US 99 By-Pass			
3. NAME OF DECEASED (Type or Print) a. (First) Augusta b. (Middle) c. (Last) Brown		4. DATE OF DEATH (Month) Feb. (Day) 19 (Year) 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Nov. 13, 1927
9. AGE (In years last birthday) 26		# UNDER 1 YEAR 2 Months	# UNDER 18 HRS. 0 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Waitress	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Kansas
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Ernest Gore		13b. MOTHER'S MAIDEN NAME Edna Robinson	14. NAME OF HUSBAND OR WIFE Unknown
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'S SIGNATURE OR NAME ADDRESS Gladys Dreesen, 410 Park & C. Mo
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) FRacture, SKULL INTERVAL BETWEEN ONSET AND DEATH Immediate ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple Compound Fractures RT leg and thigh-	
19a. DATE OF OPERATION <input checked="" type="checkbox"/>		19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Peculiar Twp. Cass Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb. 19 1954 4:30 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? COLLISION TWO CARS -
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Type or Print) D. J. Pugh MD		23b. ADDRESS Harrisonville Missouri	23c. DATE SIGNED 20 Feb 1954
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb. 23, 1954	24c. NAME OF CEMETERY OR CREMATORY Highland Park Cemetery
24d. LOCATION (City, town, or county) (State) Kansas City Kansas			
DATE REC'D BY LOCAL REG. Feb. 23 1954		REGISTRAR'S SIGNATURE Dora Barward	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1734 Wash. Blvd Kansas City Kansas

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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

Student Embalmer

Signed Robert W Atkinson

Licensed Embalmer No. 4902

P. O. Address Harrisonville, 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 this body is not embalmed, fact should be so stated above.