

FILED APR 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

11982

 BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1655

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, write RURAL and give town) Kansas City		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 5 1/2 yrs.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		e. STREET ADDRESS (If rural, give location) 4023 Highland	
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) T.	
c. (Last) BROWN		4. DATE OF DEATH (Month) (Day) (Year) April 12, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-2-75
9. AGE (In years) (Last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Drug packer	11. BIRTHPLACE (City and State or Foreign Country) West Virginia
11. BIRTHPLACE (City and State or Foreign Country) West Virginia		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Brown		13b. MOTHER'S MAIDEN NAME Mary	
14. NAME OF HUSBAND OR WIFE Emma C. 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. 495-01-4327		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Emma C. Brown, 4023 Highland, KC, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 1 hour ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis DUE TO (c) 3 mo II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Liver 3 mo	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY. (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Dec 1, 1953 , to April 12, 1954 , that I last saw the deceased alive on April 12, 1954 , and that death occurred at 8 P. m. , from the causes and on the date stated above.	
23a. SIGNATURE John K. Caldwell (Degree or title) MD		23b. ADDRESS Kansas City, Mo.	
23c. DATE SIGNED 4/13/54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 4-14-54		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet	
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGillay-Eylar, Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 4-13-54		REGISTRAR'S SIGNATURE Geraldine Smith	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. J. K. Caldwell
Argyle Bldg
after 2:30

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 *James Hackman*.....
Licensed Embalmer No. *457*.....

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.