

FILED JUN 16 1954

STANDARD CERTIFICATE OF DEATH

State File No. **18815**
2396

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas		b. COUNTY Sedgwick
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 3 weeks	c. CITY OR TOWN Wichita	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. Luke's Hospital		STREET ADDRESS (If rural, give location) 115 S. Old Manor Rd.		

3. NAME OF DECEASED (Type or Print)	a. (First) HAROLD	b. (Middle) FREMONT	c. (Last) BROWN	4. DATE OF DEATH (Month) (Day) (Year) May 27, 1954
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 17, 1895	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packing House Executive	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Philadelphia, Pa.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry F. Brown	13b. MOTHER'S MAIDEN NAME Blanche Katz	14. NAME OF HUSBAND OR WIFE Eva R. Brown
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes W.W. # 1	16. SOCIAL SECURITY NO. 511-26-6001	17. INFORMANT'S SIGNATURE OR NAME Mrs. Eva R. Brown	ADDRESS 115 S. Old Manor Rd Wichita
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Infarction		INTERVAL BETWEEN ONSET AND DEATH 18 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary insufficiency		18 days
	DUE TO (c) Coronary atherosclerosis		23 yrs. (est.)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **May 17, 1954**, to **May 27, 1954**, that I last saw the deceased alive on **May 27, 1954**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Name of Doctor or other qualified person) James Q. Chambers, M.D.	23b. ADDRESS 1103 Grand Ave K.C.	23c. DATE SIGNED 5/28/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5/28/54	24c. NAME OF CEMETERY OR CREMATORY Rose Hill	24d. LOCATION (City, town, or county) (State) Chicago, Illinois
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DATE REC'D BY LOCAL REG. 5-28-54	REGISTRAR'S SIGNATURE Sheldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE	ADDRESS Kansas City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mr. James B. Chambers, Jr.
1232 Prof. Bldg.
Ba. 4420

12:30 P.M.

JUN 18 1954

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..... *J. Crowell*

Licensed Embalmer No. 49

P. O. Address..... *H.C.*

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.