

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23623

State File No. _____

FILED JUL 25 1956

2980

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>43 yrs</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hosp</u>				e. STREET ADDRESS (If rural, give location) <u>501 Wallace</u>				
3. NAME OF DECEASED (Type or Print) <u>Kate</u>			a. (First)		b. (Middle)		c. (Last) <u>Brown</u>	
4. DATE OF DEATH <u>7-6-56</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>		8. DATE OF BIRTH <u>4-9-1885</u>		9. AGE (In years last birthday) <u>71</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (City and State or Foreign Country) <u>Indiana</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>unknown</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>August Brown</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Je Brown</u> ADDRESS <u>923 White K. Co.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Hemorrhage</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 day</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive Heart Failure & Hypertension</u> DUE TO (c)					443X	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Cerebral Hemorrhage (at autopsy)</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>July 4, 1956</u> , to <u>July 6, 1956</u> , that I last saw the deceased alive on <u>6-19-56</u> , 1956, and that death occurred at <u>10:00 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Ph. Glenn W. Tonkens</u> (Degree or title)				23b. ADDRESS <u>8218 W. Winner Rd</u>		23c. DATE SIGNED <u>7/7/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7-9-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill</u>		24d. LOCATION (City, town, or county) (State) <u>KC Kansas</u>		
DATE REC'D BY LOCAL REG. <u>7-9-56</u>		REGISTRAR'S SIGNATURE <u>Deva Marshall</u>		25. FORENSIC DIRECTOR'S SIGNATURE <u>B.E. Weiland</u>		ADDRESS <u>KC 8 Mo</u>		

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

FEB 24 1961

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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

Signature of Student Embalmer

Signed *B. E. Weiland*

Licensed Embalmer No. *4075*

P. O. Address *K. C. & Me*

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.