

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30616**

FILED SEP 27 1956 REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **3846**

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Sedgwick c. CITY (If outside corporate limits, write RURAL and give township) Wichita d. STREET ADDRESS (If rural, give location) 525 E. Skinner	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City c. LENGTH OF STAY (In this place) 3 days		c. CITY (If outside corporate limits, write RURAL and give township) Wichita d. STREET ADDRESS (If rural, give location) 525 E. Skinner	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If rural, give location) 525 E. Skinner	
3. NAME OF DECEASED (Type or Print) a. (First) FANNIE b. (Middle) ETHEL c. (Last) BROWN		4. DATE OF DEATH (Month) (Day) (Year) Sept. 1, 1956	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1-24-1884
9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 72 Days	IF UNDER 1 YEAR Hours 72 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Waverly, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME George Webb	13b. MOTHER'S MAIDEN NAME Mary Unknown	14. NAME OF HUSBAND OR WIFE James A. Brown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 512-18-2938	17. INFORMANT'S SIGNATURE OR NAME Mrs. Wanda Lang ADDRESS Shawnee, Kansas	
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) Pneumonia, lobar, bilateral ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Congestion DUE TO (c) Heart failure II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Asthma, Cardiac, Chronic		INTERVAL BETWEEN ONSET AND DEATH 6 days 8 days 8 days
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	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 8-26, 1956 to 9-1, 1956 , that I last saw the deceased alive on 9-1, 1956 and that death occurred at 9:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Paul B. Burger (Degree or title) M.D.		23b. ADDRESS 5949 Meeman Rd - Shawnee, Mo.	
23c. DATE SIGNED 9-2-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9-2-56	24c. NAME OF CEMETERY OR CREMATORY Old Mission Cemetery	24d. LOCATION (City, town, or county) (State) Wichita, Kansas
DATE REC'D BY LOCAL REG. 9-2-56	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE E. Paul Amos ADDRESS Shawnee, Kansas	

SEP 27 1956

96-2-16174

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 _____

Eugene P. Amos

Student Embalmer No. 534

working under my personal supervision.

Student *Eugene P. Amos*
Student Embalmer

Signed

E. Paul Amos

Licensed Embalmer No. 4385

P. O. Address Shawnee, Kansas

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.