

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13014

STATE FILE NUMBER

1587

FILED APR 25 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1587

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>214 East Armour</u>			Length of stay in lb <u>46 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>214 East Armour</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First <u>LUCY</u> Middle <u>S.</u> Last <u>BROWN</u>				4. DATE OF DEATH Month <u>April</u> Day <u>3</u> Year <u>1957</u>										
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Jan. 2, 1869</u>		9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Dubuque Iowa</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13. FATHER'S NAME <u>Thomas Stewart</u>						14. MOTHER'S MAIDEN NAME <u>Ellen Way</u>								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT Address <u>Mr. Geo. Harding - 305 East 66th Street</u>								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pyleomyelitis.</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Necrosis of Left Hip joint. Old Fracture</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE. CONDITION GIVEN IN PART I(a)										INTERVAL BETWEEN ONSET AND DEATH <u>4500</u>				
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)											
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.														
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY			STATE		
21. I attended the deceased from <u>7/21/47</u> to <u>4/3/57</u> and last saw her/him alive on <u>4/1/57</u> . Death occurred at <u>5 pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.														
22a. SIGNATURE (Degree or title) <u>H. P. Boughnour M.D.</u>						22b. ADDRESS <u>315 Hickory Rd. K.C. Mo.</u>			22c. DATE SIGNED <u>4/5/57</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Entombment</u>			23b. DATE <u>4/5/1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Abbey</u>			23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>						
24. FUNERAL DIRECTOR ADDRESS <u>Stine & McClure - Kansas City, Mo.</u>					25. DATE RECD. BY LOCAL REG. <u>4-5-57</u>			26. REGISTRAR'S SIGNATURE <u>Reva Marshall</u>						

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1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

H. P. Boughnour

JUL 25 1958

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Lo-1-7400



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 *Elmo D. Triplett*

Licensed Embalmer No. *401*

P. O. Address *Kansas City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.