

FILED OCT 24 1957

STANDARD CERTIFICATE OF DEATH

35696

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4564

S. 300
1-57

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Raytown, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp.		Length of stay in hospital 4 yrs	d. STREET ADDRESS (If outside, give location) 6700 Harris		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First IDA Middle MAY Last BROWN			4. DATE OF DEATH Month Oct Day 2 Year 1957		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 30, 1881	9. AGE (In years last birthday) 76	10. UNDER 1 YEAR Months Days Hours 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 (City and state or country) Topeka, Kansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Alfred Henry Shoaf		13b. MOTHER'S MAIDEN NAME Sarah Clark		14. NAME OF HUSBAND OR WIFE Leland 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. None	17. INFORMANT Address Mo. Leland C. Brown, 6700 Harris, Raytown,		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac failure DUE TO (b) Septic gangrene DUE TO (c) Ret. Hypertension Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				INTERVAL BETWEEN ONSET AND DEATH 3 days 1 week 8 weeks	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 59040				19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input checked="" 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.) Fall in Home			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. July - 1957		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home 20f. LOCATION COUNTY STATE Raytown Mo. Missouri			
21. I attended the deceased from July 57 to Oct 2-57 and last saw her alive on 10-2-57 Death occurred at 9:35 AM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE John P. Skinner MD (Degree or title)			22b. ADDRESS 1602 Grand. St. C. Mo		22c. DATE SIGNED 10-2-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-4-57	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR ADDRESS Melody-McGilley-Eylar Funeral Home			25. DATE RECD. BY LOCAL REG. 10-2-57	26. REGISTRAR'S SIGNATURE Neva Marshall	
1800 E. Linwood, K. C., Mo. (Licensed Embalmer's Statement on Reverse Side)					

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
John T. Skinner



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 *Arthur Eugene Hook*

Licensed Embalmer No. *4912*

P. O. Address *A.C. J. No.*

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.