

FILED JAN 17 1958

STANDARD CERTIFICATE OF DEATH

47215
STATE FILE NUMBER
6193
Registrar's No.

Registration District No. 199 Primary Registration District No. 1002

V. S. 300
Rev. 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 checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		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 1b 35 Yrs	d. STREET ADDRESS 6601 E 15th Terr		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ROBERT Middle JOHN Last BROWN				4. DATE OF DEATH Month December Day 27 Year 1957			
5. SEX Male	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 Aug 7 1917	9. AGE (In years last birthday) 40	10. F UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attendant			10b. KIND OF BUSINESS OR INDUSTRY National Garage	11. BIRTHPLACE (City and state or country) New Diggins Wisconsin		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Elmer J Brown			13b. MOTHER'S MAIDEN NAME Marie Raine		14. NAME OF HUSBAND OR WIFE Wilma 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. 496-10-7150	17. INFORMANT Address Mrs Wilma Brown 6601 E 15th Terr K C Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Degeneration						INTERVAL BETWEEN ONSET AND DEATH 1 month	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Old Coronary Thrombosis						3 mo.	
DUE TO (c) Coronary Atherosclerosis						1 year	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 Month, Day, Year 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 Dec. 1, 1955 to Dec. 27, 1957 and last saw ^{her} him alive on Dec 27, 1957 Death occurred at 12:15 A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE John K. Caldwell (Degree or title) MD				22b. ADDRESS Kansas City, Mo.		22c. DATE SIGNED 12/27/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec 30 1957	23c. NAME OF CEMETERY OR CREMATORY Mt Washington Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City Missouri		
24. FUNERAL DIRECTOR, ADDRESS Sheil Funeral Home Kansas City Mo.			25. DATE RECD. BY LOCAL REG. 12-29-57		26. REGISTRAR'S SIGNATURE Neva Minshall		

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.

John K. Caldwell USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION



Jackson

Jackson

Jackson

K

Kansas City

K

Kansas City

x

St Joseph's Hosp

35 yrs

St Joseph's Hosp

December 27 1927

BROWN

JOHN

JOHN

40

Age 41 IV

XX

White

Male

ASA

Assoc. of Embalming

National Garage

Attendant

White Brown

White Brown

White Brown

Assoc. of Embalming 1111 E 15th Term K C Mo

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 *Thomas A. [Signature]*

Licensed Embalmer No. *4954*

P. O. Address *K.C. Mo*

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.

Special Funeral Home Kansas City Mo.