

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014091
STATE FILE NUMBER

FILED APR 22 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1634

1. PLACE OF DEATH a. COUNTY <i>Missouri Jackson</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>6831 Rockhill Road</i>			Length of stay in 1b <i>54 yrs</i>		d. STREET ADDRESS (If outside, give location) <i>6831 Rockhill Road</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>HAWLEY R BROWN</i>				4. DATE OF DEATH Month Day Year <i>March 29 1958</i>			
5. SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>July 17 1875</i>		9. AGE (In years, last birthday) <i>82</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Painter</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Contractor</i>		11. BIRTHPLACE (City and state or country) <i>Illinois</i>		12. CITIZEN OF WHAT COUNTRY? <i>U S a</i>
13a. FATHER'S NAME <i>James W. Brown</i>			13b. MOTHER'S MAIDEN NAME <i>Sarah Ann Terrell</i>		14. NAME OF HUSBAND OR WIFE <i>Edna Brown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>492-36-6637</i>		17. INFORMANT Address <i>Mrs Edna Brown 6831 Rockhill Rd.</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Pneumonia, Hypostatic-Terminal</i> DUE TO (b) <i>Cardio-Vascular Accident.</i> DUE TO (c) <i>Ch Bronchietectasis, & Paranasal Sinusitis</i>						INTERVAL BETWEEN ONSET AND DEATH <i>7 days 2 weeks Several years</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>5135</i>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <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 <i>Jan 28 - 1958</i> to <i>Mar 28 58</i> and last saw him alive on <i>Mar 28 1958</i> Death occurred at <i>1:30 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Phred Hawley MD</i> (Degree or title)				22b. ADDRESS <i>1232 Professional Bldg</i>		22c. DATE SIGNED <i>3/29/58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>March 31 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Snt Maria's Cemetery</i>		23d. LOCATION (City, town, or county) <i>Kansas City Missouri</i>		23e. (State)
24. FUNERAL DIRECTOR <i>Hicks Funeral Home 2315 Pinwood</i>				25. DATE RECD. BY LOCAL REG. <i>3-29-58</i>		26. REGISTRAR'S SIGNATURE <i>Irene Marshall</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

Glen H. Broyles

R. 1976 B. 14820
J. J.

1.30
B. 14820

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

Chas E Wells

Licensed Embalmer No. 2644

P. O. Address Hemo

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.