

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017426
STATE FILE NUMBER

FILED MAY 19 1958

Registration District No. _____

42

Primary Registration District No. _____

Registrar's No. _____

518

300
1-57

0110
3

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Twsp.		c. CITY OR TOWN St. Joseph <i>01170</i>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Browning Lake		d. STREET ADDRESS (If outside, give location) 305 South 21st.	
Length of stay in lb life		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Kurt Middle Alvin Last Brown			4. DATE OF DEATH Month May Day 13 Year 1958
5. SEX Male <i>2</i>	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 27 1940
9. AGE (In years last birthday) 17		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	11. BIRTHPLACE (City and state or country) St. Joseph, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Harold W. Brown	
13b. MOTHER'S MAIDEN NAME Shelly Hollis		14. NAME OF HUSBAND OR WIFE None	
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. _____	
17. INFORMANT Harold W. Brown-805 S. 21st St.		Address City	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute Respiratory failure Drowning Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ 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 9298 42
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) Drowned while swimming		20c. TIME OF INJURY Hour _____ Month, Day, Year May 13, 58 a.m. _____ p.m. _____	
20d. INJURY OCCURRED WHILE AT WORK <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.) Lake	
20f. CITY, TOWN, OR LOCATION Browning Lake		COUNTY D11 STATE Mo.	
21. I attended the deceased from 5/13/58 , to 5/13/58 and last saw him alive on 5/13/58 Death occurred at 10:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Donald J. Stallard, MD (Degree or title)		22b. ADDRESS 902 Edmund	
22c. DATE SIGNED 5/17/58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE May 16-'58		23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	
23d. LOCATION (City, town, or country) St. Joseph, Mo.		(State)	
24. FUNERAL DIRECTOR Wm. H. Alexander		25. DATE RECD. BY LOCAL REG. May 16, 1958	
ADDRESS St. Joseph, Mo.		26. REGISTRAR'S SIGNATURE Mr. Clark Handall	

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 *Wm. H. Alexander*

Licensed Embalmer No. *4450*

P. O. Address *St. Joseph*

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.