

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039848
STATE FILE NUMBER 5270

FILED NOV 24 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

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) Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) Trinity Lutheran Hosp.		d. STREET ADDRESS (If outside, give location) 7102 Wabash	
3. NAME OF DECEASED First MRS. EVA Middle BROWN Last BROWN		4. DATE OF DEATH Month November Day 4 Year 1958	
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 Oct. 31, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Prairie City, Illinois
13a. FATHER'S NAME Frank J. Walton		13b. MOTHER'S MAIDEN NAME Mary E. Hock	14. NAME OF HUSBAND OR WIFE Jesse H. 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. 496-26-2929	17. INFORMANT Jesse H. Brown, 7102 Wabash, 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 Infarct Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Unvascularized Coronary Arteriosclerosis DUE TO (c) Diabetic Melitus PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of Cervix			INTERVAL BETWEEN ONSET AND DEATH 4 1/2 yrs Several yrs Several yrs
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. Month, Day, Year _____		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 11/3/58 to 11/6/58 and last saw her alive on 11/4/58 Death occurred at 11/5 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John M. Savers M.D. (Degree or title)		22b. ADDRESS 3304 Leewood Blvd.	
22c. DATE SIGNED 11/6/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Nov. 7, 1958	
23c. NAME OF CEMETERY OR CREMATORY De Kalb Cemetery		23d. LOCATION (City, town, or county) (State) De Kalb, Missouri	
24. FUNERAL DIRECTOR Stine & McClure Und. Co., K. C., Mo		25. DATE RECD. BY LOCAL REG. 11-7-58	
26. REGISTRAR'S SIGNATURE neva minshall			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Unity
10 3rd - 11 22 ?
Race Point

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 *William M. Furner*

Licensed Embalmer No. *4648*
P. *Kansas City, 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.