

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047114
STATE FILE NUMBER

FILED JAN 19 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6221

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <i>Missouri</i> 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>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>General Hospital</i>		Length of stay in 1b <i>26 Yrs.</i>	d. STREET ADDRESS <i>5817 Blue Hills Rd.</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Jacob Sidney Brown</i>			4. DATE OF DEATH Month Day Year <i>Dec. 30 1958</i>
5. SEX <i>Male</i>	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>4-7-1900</i> Approx.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Estimator</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Printing</i>	11. BIRTHPLACE (City and state or country) <i>St. Louis Missouri</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Harry Brown</i>	
13b. MOTHER'S MAIDEN NAME <i>Jennie-----</i>		14. NAME OF HUSBAND OR WIFE <i>Mollie 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>-----</i>	17. INFORMANT Address <i>Spencer Brown 1100 West 85th Terr.</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>Cardiac Decompensation</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 months</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arterio Sclerosis</i>			<i>Several years</i>
DUE TO (c) <i>Rheumatic Heart Disease</i>			<i>Many years</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <i>Arterial Hypertension</i>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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>1956</i> to <i>Dec 30, 1958</i> and last saw him alive on <i>Dec 20, 1958</i> Death occurred at <i>10:20 AM</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Carl R. Ferris M.D.</i>		22b. ADDRESS <i>535 1/2 E. 13th St Kansas City Mo</i>	
22c. DATE SIGNED <i>12-31-58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>12-31-58</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Rose Hill Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Kansas City, Missouri</i>	
24. FUNERAL DIRECTOR <i>J.P. Louis Funeral Home K.C. Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>12-31-58</i>	
26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Carl R. Ferris

All diseases in Part I must be causally related.

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 *Gregory Buffington*

Licensed Embalmer No. *2756*

P. O. Address *K.V. 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.