

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012666

STATE FILE NUMBER

FILED APR 27 1958

Registration District No. 393 Primary Registration District No. 1022 Registrar's No. 1737

18
5. 300
1-57

1. PLACE OF DEATH a. COUNTY CLAY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY CLAY					
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 4317 N. WALNUT			Length of stay in 1b 22 YRS		d. STREET ADDRESS (If outside, give location) 4317 N. WALNUT		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last HUBERT L BROWN				4. DATE OF DEATH Month Day Year APRIL 4 1959					
5. SEX C 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 DEC 12 1908		9. AGE (In years, months, days, hours, min.) Under 1 year: 50 If under 24 hrs. Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ENGINEER KANSAS CITY POWER & LIGHT.			10b. KIND OF BUSINESS OR INDUSTRY ADAMS CO. IND.		11. BIRTHPLACE (City and state or country) U.S.A.		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME HARVEY BROWN			13b. MOTHER'S MAIDEN NAME ANNA LANG			14. NAME OF HUSBAND OR WIFE EMMA K. 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. 487-01-0799		17. INFORMANT MRS. EMMA K. BROWN N. WALNUT Address 4317				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Barbital Poisoning (acute)							INTERVAL BETWEEN ONSET AND DEATH		
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)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Barbital poisoning						
20c. TIME OF INJURY Hour Month, Day, Year a.m. 4 4 59 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.) Home		20f. CITY, TOWN, OR LOCATION Kansas City Clay, Mo.		COUNTY		STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) D. W. Newcomer (Coroner)					22b. ADDRESS No. 76 Kansas City Mo		22c. DATE SIGNED 4/6/59		
23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 4-6-59	23c. NAME OF CEMETERY OR CREMATORY WHITE CHAPEL CEM.		23d. LOCATION (City, town, or county) (State) CLAY Co. Mo.				
24. FUNERAL DIRECTOR D. W. Newcomer's Sons N. K. C.			ADDRESS		25. DATE RECD. BY LOCAL REG. 4-6-59	26. REGISTRAR'S SIGNATURE Neva Marshall			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

O. S. Pate

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 *A. W. V. O. L. ...*
Licensed Embalmer No. *14848*
P. O. Address *R. L. ...*

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.