

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013193

FILED APR 27 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1729

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) 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 ST. MARY'S HOSP.		Length of stay in 1b 22 YRS.	d. STREET ADDRESS (If outside, give location) 3422 MERSINGTON Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last LEONARD BROWN			4. DATE OF DEATH Month Day Year APRIL 4, 1959		
5. SEX MALE	6. COLOR OR RACE CAUC.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH APRIL 17, 1886	9. AGE (In years at birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AUTOMOTIVE		10b. KIND OF BUSINESS OR INDUSTRY AUTO MOTIVE	11. BIRTHPLACE (City and state or country) EUREKA SPRINGS, ARK.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME JOHN BROWN		13b. MOTHER'S MAIDEN NAME MARY ANN SHORT		14. NAME OF HUSBAND OR WIFE GRACE BROWN (Divorced)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) No No		16. SOCIAL SECURITY NO. 496-01-6990		17. INFORMANT Address MRS. R.W. TURLEY, 3422 MERSINGTON	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Car Pulmonary, acute</u>			INTERVAL BETWEEN ONSET AND DEATH 3 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost.	DUE TO (b) <u>Pulmonary Emphysema</u>		years
	DUE TO (c) <u>Arteriosclerotic Heart Dis</u>		years
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 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.			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 Jan. 1956 to 4-4-59 and last saw him alive on 4-4-59
Death occurred at 12:35 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hubert M Parker M.D.		22b. ADDRESS 928 Apple Blg K.C. Mo	22c. DATE SIGNED 4-5-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE APR 7, 1959	23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS	23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.
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24. FUNERAL DIRECTOR MUEHLEBACH	ADDRESS 6800 TROOST	25. DATE RECD. BY LOCAL REG. 4-5-59	26. REGISTRAR'S SIGNATURE neva marshall
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Hubert M. Parker

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Dr. H. J. ...
1200 W. ...

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 *W. S. Nichols*

Licensed Embalmer No. *4997*

P. O. Address *K. C. W.*

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.