

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-001417

FILED TO FEB 15 1960

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 502

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		Length of stay in 1b 50 yrs.		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. Luke's Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 15 E. 69th Terrace		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Raymond Middle F. Last Brown				4. DATE OF DEATH Month Jan. Day 25, Year 1960					
5. SEX 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 Oct. 28, 1887 Oct. 28, 1886	9. AGE (last birthday) 72 73	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Realtor			10b. KIND OF BUSINESS OR INDUSTRY Realty		11. BIRTHPLACE (City and state or country) Cherryvale, Kansas		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME Hugh Brown			13b. MOTHER'S MAIDEN NAME Belle Haig			14. NAME OF HUSBAND OR WIFE Harriet 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. 497-36-5742		17. INFORMANT Address Harriet Brown, Kansas City, Missouri				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Arteriosclerosis Route. from Heart. DUE TO (b) Coronary Arteriosclerosis - Old Coronary. DUE TO (c) Hypertension Ess. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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.		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 June 18-52 to Jan 25-1960 and last saw him alive on Aug 59 . Death occurred at 9:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE H.P. Boughnol M.D.			(Degree or title)			22b. ADDRESS 315 Hickory Rd. N.E. Mo.		22c. DATE SIGNED 1/25/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-28-60	23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah		23d. LOCATION (City, town, or county) Kansas City, Missouri		(State)		
24. FUNERAL DIRECTOR Stine & McClure, Kansas City, Missouri			ADDRESS		25. DATE RECD. BY LOCAL REG. 1-28-60		26. REGISTRAR'S SIGNATURE Neva Minshall		

DEED
 DOCUMENT School Record, K.C., Kan.
 Informant
 H. P. Boughnol
 MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Eugene J. Kern

Licensed Embalmer No. 463

P. O. Address Kansas

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.