URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 23 1960

-60-005812
STATE FILE NUMBER

ENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 178

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield, Missouri
Length of stay in 1b 7 Mo. 11 Da.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Medical Center for Federal Prisoners
Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY
c. CITY OR TOWN Kansas City
Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 3308 N. 34th Street
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Theodore Middle XXXXX Last BROWN
4. DATE OF DEATH Month February Day 11 Year 1960
5. SEX Male
6. COLOR OR RACE Negro
7. Married ☐ Never Married X Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1/20/10
9. AGE (last birthday) 50
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Harvest
11. BIRTHPLACE (City and state or country) Muskogee, Oklahoma
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John Brown
13b. MOTHER'S MAIDEN NAME Annie Young
14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 278-12-7721
17. INFORMANT MCFP - Files Address Springfield, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH 48 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Acute myelogenous leukemia — 1 year
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES X NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 6/30/59, to 2/11/60 and last saw her/him alive on 2/11/60
Death occurred at 1:00 am m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE Clarence Kooikers M. D. (Degree or title) Clarence Kooikers M.D. Director
22b. ADDRESS MCFP - Springfield, Missouri
22c. DATE SIGNED 2/11/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2/15/1960
23c. NAME OF CEMETERY OR CREMATORY Hazelwood Cemetery
23d. LOCATION (City, town, or county) (State) Springfield, Missouri
24. FUNERAL DIRECTOR ADDRESS Ayre-Goodwin Springfield, Mo.
25. DATE RECD. BY LOCAL REG. 2-16-60
26. REGISTRAR'S SIGNATURE Effie E. Melton

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 _____

Licensed Embalmer No. 4939

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to cor
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.