

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 16 1960

2367-60-015175  
STATE FILE NUMBER

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

|   |   |   |  |  |   |  |   |                                    |  |
|---|---|---|--|--|---|--|---|------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |   |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b> |   |  |   |                                    |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>   |   | Length of stay in lb<br><b>4 hrs.</b>   |  | c. CITY OR TOWN <b>Leewood</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |                                    |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Lukes Hosp.</b>   |   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  | d. STREET ADDRESS (If outside, give location)<br><b>8000 High Drive</b> |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                                    |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Frank</b> Middle <b>Stewart</b> Last <b>Brown</b>   |   |   |  | 4. DATE OF DEATH<br>Month <b>April</b> Day <b>26</b> Year <b>1960</b>  |   |  |   |                                    |  |
| 5. SEX<br><b>MALE</b>   | 6. COLOR OR RACE<br><b>WHITE</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>JAN 3, 1893</b>   | 9. AGE (last birthday)<br><b>67 yrs.</b>                                | IF UNDER 1 YEAR<br>Months _____ Days _____   | IF UNDER 24 HR<br>Hours _____ Min. _____  |                                    |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>RETIRED BANKER</b>  |   |   | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (City and state or country)<br><b>GOODLAND KANSAS</b>    |  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |                                    |  |
| 13a. FATHER'S NAME<br><b>BENJAMIN BROWN</b>   |   |   | 13b. MOTHER'S MAIDEN NAME<br><b>HELENA STEWART</b>                                   |  |   | 14. NAME OF HUSBAND OR WIFE<br><b>LOIS H. BROWN</b>  |   |                                    |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>YES WWI</b>  |   |   | 16. SOCIAL SECURITY NO.<br><b>NONE</b>   |  | 17. INFORMANT Address<br><b>LOIS H. BROWN 8000 HIGH DRIVE</b>           |  |   |                                    |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>   |   |   |  |  |   |  | INTERVAL BETWEEN ONSET AND DEATH  |                                    |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |                                    |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.<br>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 _____ to _____ and last saw her/him alive on _____<br>Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |  |   |  |   |                                    |  |
| 22a. SIGNATURE<br><i>Hugh H. Owens</i> (Degree or title)  |   |   |  | 22b. ADDRESS<br><b>1034 Rialto Bldg</b>  |   |  |   | 22c. DATE SIGNED<br><b>4-27-60</b> |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>  |   | 23b. DATE<br><b>APRIL 28, 1960</b>  |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>FOREST HILL CEM</b>   |   | 23d. LOCATION (City, town, or county)<br><b>KANSAS CITY MO.</b>  |   |                                    |  |
| 24. FUNERAL DIRECTOR<br><b>D. W. NEWCOMER'S SONS K. C. MO.</b>  |   |   |  | 25. DATE RECD. BY LOCAL REG.<br><b>4-28-60</b>   |   | 26. REGISTRAR'S SIGNATURE<br><i>Alva Minshall</i>  |   |                                    |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Hugh H. Owens

**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 \_\_\_\_\_

*Vern Lueder*

Licensed Embalmer No. 4915

P. O. Address KC Mo

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