

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

5-14860-038286

FILED VS OCT 8 1960 149

Primary Registration District No. 1002 Registrar's No. 4749

STATE FILE NUMBER

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 YEARS		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 Research Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 516 West 39th Street			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last RAYMOND AUSTIN BROWN				4. DATE OF DEATH Month Day Year October 12, 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 8/23/1882-78	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ROUTE AGENT			10b. KIND OF BUSINESS OR INDUSTRY RAILWAY EXPRESS AGENCY		11. BIRTHPLACE (City and state or country) GREEN BAY, WISCONSIN		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME SAMUEL BROWN			13b. MOTHER'S MAIDEN NAME ELLA BOGART		14. NAME OF HUSBAND OR WIFE MRS. EDNA M. 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. 712-16-0195	17. INFORMANT MRS. EDNA M. BROWN Address 516 WEST 39TH ST KANSAS CITY, MO			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis DUE TO (b) Cerebral Arterio Sclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH 30 hours
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 1955 to 12 Oct 60 and last saw him alive on 11 Oct 60 Death occurred at 2:10 AM 2:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Jean B. Willoughby M.D.				22b. ADDRESS 5905 Main KC 13 MO		22c. DATE SIGNED 12 Oct 60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 10/14/1960	23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY		23d. LOCATION (City, town, or county) KANSAS CITY	STATE MISSOURI	
24. FUNERAL DIRECTOR D.W. Newcomer's Son's			ADDRESS Kansas City Missouri		25. DATE RECD. BY LOCAL REG. 10-14-60	26. REGISTRAR'S SIGNATURE H.S. Dwyer	

DOCUMENT

Jean B. Willoughby MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Wern Lawke*

Licensed Embalmer No. 4915

P. O. Address KC 2

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.