

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED V8 DEC 19 1960

6129-60-045940
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6129

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, MISSOURI		Length of stay in 1b 50 yrs.	c. CITY OR TOWN KANSAS CITY, MISSOURI Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION V.A. HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2836 BENTON BLVD. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First DUKE Middle Last BROWN		4. DATE OF DEATH Month DEC Day 1 Year 1960	
5. SEX MALE	6. COLOR OR RACE negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-23-88
9. AGE (last birthday) 78 72		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) STREET LABORER		10b. KIND OF BUSINESS OR INDUSTRY CITY	11. BIRTHPLACE (City and state or country) CARROLLTON, MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME HARRY BROWN	
13b. MOTHER'S MAIDEN NAME VINEY A. WINFREY		14. NAME OF HUSBAND OR WIFE WIDOWED	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes 8-3-18 to 7-15-19		16. SOCIAL SECURITY NO. VAH KC, MO. RECORDS	
17. INFORMANT VAH KC, MO. RECORDS		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SEVERE MAL NUTRITION CEVERCAL VASCULAR THROMBOSIS SUSPECTED. DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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 Month, Day, Year a.m. p.m.			
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. VAH attended the deceased from 12-1-60 to 12-1-60 and last saw ^{her} him alive on 12-1-60 Death occurred at 10:45 PM 12-1-60 m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Deputy Coroner</i>		22b. ADDRESS <i>1618 Lydia Ave</i>	22c. DATE SIGNED <i>12/2/60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-6-60	23c. NAME OF CEMETERY OR CREMATORY LINCOLN CEMETERY	23d. LOCATION (City, town, or county) KANSAS CITY, MISSOURI
24. FUNERAL DIRECTOR MRS MEEKS, MORTUARY, KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 12-6-60	26. REGISTRAR'S SIGNATURE <i>H-L. Dwyer</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

M. T. Hillman

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Millard B. Pusk

Licensed Embalmer No. 5013

P. O. Address MC 7

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