

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021190

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2864 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF **Donald S. Ferguson** CERTIFICATION

FILED JUN 28 1961

1. PLACE OF DEATH
 a. COUNTY **Jackson**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Kansas City,** Length of stay in 1b **38 yrs.**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **2634 Euclid Avenue** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** COUNTY **Jackson.**
 c. CITY OR TOWN **Kansas City,** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **2634 Euclid Avenue** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **John** Middle **L.** Last **Brown** 4. DATE OF DEATH Month **June** Day **7,** Year **1961**

5. SEX **male** 6. COLOR OR RACE **Negro** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **3-7-08** 9. AGE (last birthday) **53** 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) **Truck Driver** 10b. KIND OF BUSINESS OR INDUSTRY **Cement Company** 11. BIRTHPLACE (City and state or country) **Birmingham, Ala.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **John Thomas Brown** 13b. MOTHER'S MAIDEN NAME **Julia Patton** 14. NAME OF HUSBAND OR WIFE **Ethel Brown**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** 17. INFORMANT Address **Ethel Brown, 2634 Euclid, K.C.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) **Bronchial Pneumonia** INTERVAL BETWEEN ONSET AND DEATH **2 wks**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Arteriosclerotic Heart Disease** **10 yrs**
 DUE TO (c) **Cerebrovascular Hemorrhage** **8 yrs**

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 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 **12-30-58** to **6-7-61** and last saw him alive on **6-7-61**
 Death occurred at **1:20** P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Donald S. Ferguson M.D.** 22b. ADDRESS **2012 East 24th St.** 22c. DATE SIGNED **6/9/61** (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **6-17-61** 23c. NAME OF CEMETERY OR CREMATORY **Highland Cemetery** 23d. LOCATION (City, town, or county) **Kansas City, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Mrs. Meek's Mortuary, K. C. Mo.** 25. DATE RECD. BY LOCAL REG. **6-9-61** 26. REGISTRAR'S SIGNATURE **Ruth Long**

STATEMENT BY LICENSED EMBALMER

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

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Millard B Paster

Licensed Embalmer No. 5013

P. O. Address K. C. MO

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.