

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

STATE REGISTRATION NUMBER  
**4424163-552156**

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4424163-552156

**FILED AUG 28 1963**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Graham Owens

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>KANSAS</b> b. COUNTY <b>JOHNSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>PRAIRIE VILLAGE</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. MARY'S HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>5112 WEST 70<sup>TH</sup> AVENUE</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>JACK CHRIS BROWN</b>			4. DATE OF DEATH Month Day Year <b>AUG. 6, 1963</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-11-23</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CONDUCTOR</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>UNION PACIFIC RR</b>	11. BIRTHPLACE (City and state or country) <b>K. C. KANSAS.</b>
13a. FATHER'S NAME <b>JACK C. BROWN</b>		13b. MOTHER'S MAIDEN NAME <b>JOSEPHINE FERRIL</b>	14. NAME OF HUSBAND OR WIFE <b>BEVERLY</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WAR # 2</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral aneurysm</b>		17. INFORMANT Address <b>PRAIRIE VILLAGE</b> <b>MRS. BEVERLY BROWN KANSAS</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		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 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 <b>6-1-63</b> to <b>8-6-63</b> and last saw <sup>her</sup> him alive on <b>8-6-63</b> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Graham Owens M.D.</b> (Degree or title)		22b. ADDRESS <b>Union Station KCMo</b>	
22c. DATE SIGNED <b>8-8-63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>8-9-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>DEARBORN CEM.</b>	23d. LOCATION (City, town, or county) (State) <b>DEARBORN, MISSOURI</b>
24. FUNERAL DIRECTOR <b>D.W. NEWCOMER'S SONS</b>		25. DATE RECD. BY LOCAL REG. <b>8-8-63</b>	26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>

USE BLACK INK OR TYPEWRITER RIBBON

AUG 29 1963

AD

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

*Harold L. Catternacht*

Licensed Embalmer No. 3035

P. O. Address Proctorland Park, Kansas

DR. GRAHAM OWENS  
152 UNION STATION BLDG.

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.