

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-036014

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4961 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB AMENDED

FILED SEP 23 1963	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Jackson</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> Length of stay in 1b <u>50 yrs</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Gen. Hosp. & Med. Center</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u></p> <p>c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>2104 Vine St.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print)</p> <p style="text-align: center;"><u>Eula Mae Brown</u></p>	<p>4. DATE OF DEATH</p> <p style="text-align: center;"><u>9 - 7 - 1963</u></p>
<p>5. SEX <u>female</u></p> <p>6. COLOR OR RACE <u>negro</u></p> <p>7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p> <p>8. DATE OF BIRTH <u>1-10-1911</u> 9. AGE (last birthday) <u>52 yrs.</u></p>	<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Practical Nurse</u></p> <p>10b. KIND OF BUSINESS OR INDUSTRY <u>General Hospt No</u></p> <p>11. BIRTHPLACE (City and state or country) <u>Holden, Missouri</u></p> <p>12. CITIZEN OF WHAT COUNTRY <u>USA</u></p>
<p>13a. FATHER'S NAME <u>G.W. Brown</u></p> <p>13b. MOTHER'S MAIDEN NAME <u>Annie Lackey</u></p>	<p>14. NAME OF HUSBAND OR WIFE</p> <p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u></p> <p>16. SOCIAL SECURITY NO. [REDACTED]</p> <p>17. INFORMANT <u>Clara Brown</u> Address <u>3537 Hardesty</u></p>
<p>18. CAUSE OF DEATH (Enter only one cause per line)</p> <p style="text-align: center;">PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Carcinoma of the GI tract with widespread metastases including the brain</u></p> <p>Conditions, if any, which gave rise to above cause, (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p style="text-align: center;">PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p> <p style="text-align: right;">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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p> <p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	<p>20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____</p> <p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p> <p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____</p> <p>20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____</p>
<p>21. I attended the deceased from <u>8-12-63</u>, to <u>9-7-63</u> and last saw ^{her} him alive on <u>9-7-63</u></p> <p>Death occurred at <u>10:20</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) <u>[Signature]</u></p> <p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p> <p>23b. DATE <u>9-13-63</u></p> <p>23c. NAME OF CEMETERY OR CREMATORY <u>Lincoln</u></p> <p>23d. LOCATION (City, town, or county) <u>Kansas City, Missouri</u></p>	<p>22b. ADDRESS <u>2400 Cherry</u></p> <p>22c. DATE SIGNED <u>9-9-63</u> (State)</p> <p>24. FUNERAL DIRECTOR <u>Watkins Bros. Funeral Home</u> ADDRESS <u>18th & Benton</u></p> <p>25. DATE RECD. BY LOCAL REG. <u>9-10-63</u></p> <p>26. REGISTRAR'S SIGNATURE <u>[Signature]</u></p>

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FRANK ELLIS

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

