

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047926
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6430

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 19 1963

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
Length of stay in 1b <u>1 Mo. 2 day</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Kansas city Tuberculosis Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>516 Gillis</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>9saac BROWN</u>		4. DATE OF DEATH Month Day Year <u>Nov 26 1963</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>color</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-19-05</u>
9. AGE (last birthday) <u>58</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>7</u>	IF UNDER 24 HR Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rock worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Kansas city MO.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>DAN BROWN</u>		13b. MOTHER'S MAIDEN NAME <u>Smith</u>	
14. NAME OF HUSBAND OR WIFE <u>unknown</u>		Address <u>Overland Park Ks.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>	
17. INFORMANT <u>Juanita Hayes 8738 Broadmoor</u>		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) <u>Pulmonary Tuberculosis</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 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 <u>10-24-63</u> to <u>11-26-63</u> and last saw him alive on <u>11-26-63</u> Death occurred at <u>2:45 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title)		22b. ADDRESS <u>K.E.T.B HOSPITAL</u>	
22c. DATE SIGNED <u>11-26-63</u>		(State)	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>12-11-63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>K.C. College of Osteopathy</u>		23d. LOCATION (City, town, or county) <u>Kansas city mo.</u>	
24. FUNERAL DIRECTOR <u>WATKINS BROS. FUNERAL HOME 18th & Benton</u>		25. DATE RECD. BY LOCAL REG. <u>11-27-63</u>	
26. REGISTRAR'S SIGNATURE <u>Bessie Smith</u>			

USE BLACK INK OR TYPEWRITER RIBBON

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 Bruce R. Hartman

Licensed Embalmer No. 4500

P. O. Address 18th + Benton

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.