

No. 300
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FILED MAR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7750

State File No.

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjudication). a. STATE <u>Mo</u> b. COUNTY <u>Clay</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>0</u> OR TOWN <u>Kearney Mo</u> d. STREET ADDRESS (If rural, give location) <u>0</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Smithville Mo</u>		c. LENGTH OF STAY (In this place) <u>7 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Smithville Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>G</u> c. (Last) <u>BROWN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 7 - 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 12 - 1868</u>	9. AGE (In years last birthday) <u>80</u>	10. UNDER 1 YEAR Months <u>1</u> Days <u>23</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sm Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Clay Co Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>William Brown</u>		13b. MOTHER'S MAIDEN NAME <u>In Farmant Dont know</u>		14. NAME OF HUSBAND OR WIFE <u>Hannie</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>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm A Ferrel</u> ADDRESS <u>Kearney Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u> DUE TO (c) <u>Strangulated Hernia</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gangrenous bowel 5'</u>		11	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Gangrenous bowel (17 inch removed)</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Feb 27, 1949, to March 7, 1949, that I last saw the deceased alive on Mar 7, 1949, and that death occurred at 2 p m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Belman M.D.</u> (Degree or title)		23b. ADDRESS <u>Smithville Mo</u>		23c. DATE SIGNED <u>3/7/49</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 9th</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Olivet</u>	
		24d. LOCATION (City, town, or county) (State) <u>In Kearney Clay Mo</u>			

DATE REC'D BY LOCAL REG. <u>Mar 9 - 1949</u>		REGISTRAR'S SIGNATURE <u>Beulah Kitchell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Leonard Fry</u> ADDRESS <u>Kearney</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number -----

Date Filed 3-15-47

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 -----
Student Embalmer

Signed Leonard Fay

Licensed Embalmer No. 1677

P. O. Address Kearney 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 this body is not embalmed, fact should be so stated above.