

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 27 1949

State File No. ....

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 1000 Registrar's No. 694

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Buchanan</u>   |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>   |   | c. LENGTH OF STAY (in this place) _____  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>   |  | 7  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mrs. Saxton Nursing Home</u>  |   |  | d. STREET ADDRESS (If rural, give location) <u>1810 North 22nd. St.,</u>   |  |  |
| 3. NAME OF DECEASED (Type or Print)  | a. (First) <u>Martha</u>  | b. (Middle) <u>Lewis</u>   | c. (Last) <u>Brown</u>   | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 21, 1949</u> |  |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</u>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>                                    | 8. DATE OF BIRTH <u>March 8, 1853</u>  | 9. AGE (In years last birthday) <u>96</u>                  | IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Mins. _____  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOME</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY _____  | 11. BIRTHPLACE (State or foreign country) <u>Chester County, Pennsylvania</u>  |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                                       |
| 13a. FATHER'S NAME <u>Reuben Lewis</u>   |   | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Young</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>James Duncan Brown</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>None</u>  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss. Helen Brown, 1810 N. 22d. St. Joseph,</u>   |  |  |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)   | MEDICAL CERTIFICATION   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH   |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Arteriosclerotic Heart</u>  |   |  |  |  |  |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.   | ANTECEDENT CAUSES   |  |  |  |  |
|  | DUE TO (b) <u>Arteriosclerosis General</u>  |  |  |  |  |
|  | DUE TO (c) <u>Senility</u>  |  |  |  |  |
| II. OTHER SIGNIFICANT CONDITIONS   | Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | 4200   |
| 19a. DATE OF OPERATION _____   | 19b. MAJOR FINDINGS OF OPERATION _____  |  |  |  | 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 <u>4-5</u> , 19 <u>49</u> , to <u>June 21, 1949</u> , that I last saw the deceased alive on <u>June 4, 1949</u> and that death occurred at <u>2:00 a.m.</u> from the causes and on the date stated above. |   |  |  |  |  |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____  |   | 23b. ADDRESS <u>St. Joseph, Mo.</u>  |  | 23c. DATE SIGNED <u>6-22-1949</u>                          |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  | 24b. DATE <u>6/23/1949</u>  | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Mora Cemetery</u>  | 24d. LOCATION (City, town, or county) (State) <u>Mt. Mora Rd., St. Joseph, Mo</u>  |  |  |
| DATE REC'D BY LOCAL REG. <u>June 24, 1949</u>  | REGISTRAR'S SIGNATURE <u>[Signature]</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>  |  | ADDRESS <u>St. Joseph, Mo</u>  |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

8761 16 707

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, \_\_\_\_\_

Student Embalmer No. ....XXXXXXXXXX

working under my personal supervision.

Student .....XXXXXXXXXX.....  
Student Embalmer

Signed Raymond W. Morehead

Licensed Embalmer No. Missouri 4413

P. O. Address St. Joseph, Missouri.

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.