

FILED OCT 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33189**

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 358

1. PLACE OF DEATH a. COUNTY Callaway			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton <u>2</u>		c. LENGTH OF STAY (In this place) 29 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Mo		
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital No 1 Fulton			d. STREET ADDRESS (If rural, give location) 1816 Euclid Ave		
3. NAME OF DECEASED (Type or Print) Willis Brown			a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH 10 13 1949		(Month)	(Day)	(Year)	
5. SEX Male <u>2</u>	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married <u>1</u>		8. DATE OF BIRTH D. K.	9. AGE (In years last birthday) 61
IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common laborer		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) La.	
12. CITIZEN OF WHAT COUNTRY? U. S. A.			13a. FATHER'S NAME D. K.		
13b. MOTHER'S MAIDEN NAME D. K.			14. NAME OF HUSBAND OR WIFE D. K.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Hospital records, Fulton, Mo		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pyelonephritis			INTERVAL BETWEEN ONSET AND DEATH 1920		
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Psychosis <i>psycos</i>			to		
DUE TO (c)			1949		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			6000		
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21f. HOW DID INJURY OCCUR?
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
22. I hereby certify that I attended the deceased from Aug <u>19 49</u> , to Oct. <u>13</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Oct. 13, 1949</u> , and that death occurred at <u>5 P. M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>M. J. Miller M.D.</i>			23b. ADDRESS State Hospital, Fulton, Mo		23c. DATE SIGNED 10-13-49
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 10-18-49	24c. NAME OF CEMETERY OR CREMATORY Anatomical Bond		24d. LOCATION (City, town, or county) (State) Columbia Mo	
DATE REC'D BY LOCAL REG. Oct-18-1949	REGISTRAR'S SIGNATURE <i>Maretha Lawrence</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>J. D. Roberto</i>	ADDRESS Columbia Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

District File Number _____
District Health Officer No. 9
RECEIVED
OCT 26 1919

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No.

P. O. Address _____

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.