

FILED DEC 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36353

BIRTH NO.		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 1289
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gentry		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 9 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Wilson Township	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Missouri Methodist Hospital		d. STREET ADDRESS (If rural, give location) 12 Mi. N.E. Stansberry, Mo.		
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) Leroy	c. (Last) Brown	
4. DATE OF DEATH (Month) (Day) (Year) Nov. 17, 1949				
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 23, 1886	9. AGE (In years last birthday) 63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Gentry County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Carl Brown		13b. MOTHER'S MAIDEN NAME Ida Alice Nelson	14. NAME OF HUSBAND OR WIFE Lucile Brown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lucile Brown - Gentry, Missouri	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sub-arachnoid hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 7 days 10 yrs 331X
19a. DATE OF OPERATION		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 11-9, 1949, to 11-17, 1949, that I last saw the deceased alive on 11-16, 1949, and that death occurred at 8:15 A.M., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) J. W. Carl M.D.		23b. ADDRESS 706 Francis St., St. Joseph, Mo.	23c. DATE SIGNED 11-17-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-17-49	24c. NAME OF CEMETERY OR CREMATORY High Ridge Cemetery	24d. LOCATION (City, town, or county) (State) Stansberry, Missouri
DATE REC'D BY LOCAL REG. Nov. 28, 1949		REGISTRAR'S SIGNATURE E. C. Jenkins	GENERAL DIRECTOR'S SIGNATURE ADDRESS Stamey Funeral Home - St. Joseph, Mo.	

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

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.

Signed Charles M. Hannan

Signed.....
Student Embalmer

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.