

FILED JAN 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1051**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 129	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 4 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		d. STREET ADDRESS (If rural, give location) 4224 Wabash	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1				3. NAME OF DECEASED a. (First) Asa b. (Middle) SUMMERS c. (Last) Brown			
4. DATE OF DEATH (Month) 1 (Day) 9 (Year) 50		5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	
8. DATE OF BIRTH NOV. 10 - 1870		9. AGE (In years last birthday) 79 YEARS		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY FOR SALE	
11. BIRTHPLACE (State or foreign country) ALASKA IOWA		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME WILLIAM BROWN		13b. MOTHER'S MAIDEN NAME SARAH SHREEVE	
14. NAME OF HUSBAND OR WIFE MRS. HATTIE MAIE BROWN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS. HATTIE MAIE BROWN	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION H-2-01				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 Dec. 1, 1949 , to Jan. 9, 1950 , that I last saw the deceased alive on Jan. 9, 1950 , and that death occurred at 3:30A. m. , from the causes and on the date stated above.							
23a. SIGNATURE Wm. W. Hart (Degree or title)				23b. ADDRESS Med. Dir. Gen'l. Hosp.		23c. DATE SIGNED 1-9-50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE JAN. 11 - 1950		24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 1-11-50		REGISTRAR'S SIGNATURE Sheldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE D. H. Newcomer		ADDRESS 1331 BRUSH CREEK KANSAS CITY MO.	

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

H. H. H. H.

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 *Edward M. Storey*

Licensed Embalmer No. *4452*

P. O. Address *K; C, 4 me*

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.