

FILED JUN 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17034

State File No. _____
Registrar's No. 215

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		State File No. _____		Registrar's No. 215			
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) OR TOWN Independence		c. LENGTH OF STAY (in this place) 1 yr.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		1484					
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium				d. STREET ADDRESS (If rural, give location) 1018 W. Truman Rd.							
3. NAME OF DECEASED (Type or Print) a. (First) Shirley			b. (Middle) H.			c. (Last) Brown			4. DATE OF DEATH (Month) (Day) (Year) May 29, 1950		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced		8. DATE OF BIRTH Feb. 23, 1904		9. AGE (In years last birthday) 46		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proof reader			10b. KIND OF BUSINESS OR INDUSTRY Newspaper			11. BIRTHPLACE (State or foreign country) Junction City, Kansas.			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Ernest Heintz			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE none					
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. 513 09 4682			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Foster D. Brown, Independence, Mo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Peritonitis & shock.							INTERVAL BETWEEN ONSET AND DEATH 30 hrs.		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rupture of ileum							30 hrs.		
		DUE TO (c) -									
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. -							576X		
19a. DATE OF OPERATION 5-29-50		19b. MAJOR FINDINGS OF OPERATION Peritonitis & rupture of ileum							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 5-28 , 19 50 , to 5-29 , 19 50 , that I last saw the deceased alive on 5-28 , 19 50 , and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Chas & Nickerson J. Iron					23b. ADDRESS Independence Mo			23c. DATE SIGNED 5-29-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 31, 1950		24c. NAME OF CEMETERY OR CREMATORY Maple Hill Cem.		24d. LOCATION (City, town, or county) (State) Kansas City, Kansas.					
DATE REC'D BY LOCAL REG. May 30-1950		REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE [Signature]			ADDRESS Independence, Mo.			

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

6484

JUN 3 RECD

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: *John M. Heiman*

Licensed Embalmer No. *4704*

P. O. Address *Independence, 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.