.S. No. 300
EV. 10.48

FILED JUL 29 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 23489

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3079

**1. PLACE OF DEATH**
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 25 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 501 WEST 11th STREET

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission)
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
d. STREET ADDRESS (If rural, give location): 501 WEST 11th STREET

**3. NAME OF DECEASED** (Type or Print)
a. (First): SADIE
b. (Middle): WILFORD
c. (Last): BROWN

**4. DATE OF DEATH** (Month) (Day) (Year): JULY 12, 1950

**5. SEX**: FEMALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED
**8. DATE OF BIRTH**: APRIL-12-1901
**9. AGE** (In years last birthday): 49 — IF UNDER 1 YEAR: Months 3 Days — IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): MANAGER
**10b. KIND OF BUSINESS OR INDUSTRY**: NORMANDY APTS.
**11. BIRTHPLACE** (State or foreign country): BERTRAM NEBRASKA
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: UNKNOWN JOHNSON
**13b. MOTHER'S MAIDEN NAME**: UNKNOWN
**14. NAME OF HUSBAND OR ~~WIFE~~**: JAMES E. 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.**: 495-05-0377
**17. INFORMANT'S SIGNATURE OR NAME**: JAMES E. BROWN — ADDRESS: 501 WEST 11TH ST. KANSAS CITY, MO.

**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): Cardiac Dilitation — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Hypertension — 3 yrs
DUE TO (c): Arteriosclerosis — 3 yrs

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*: 443X

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: NO
**20. AUTOPSY?** YES [X] NO [ ]

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): NO
**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): NO . m.
**21e. INJURY OCCURRED** WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* [illegible], 1948 *to* July 12, 1950 *that I last saw the deceased alive on* 7-12-50 4:15, 1950 *and that death occurred at* 4:15 A.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** M.B. Casebolt (Degree or title): M.B. Casebolt MD
**23b. ADDRESS**: 4000 Baltimore
**23c. DATE SIGNED**: 7-14-50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: JULY-15-1950
**24c. NAME OF CEMETERY ~~OR CREMATORY~~**: MT. MORIAH CEMETERY
**24d. LOCATION** (City, town, or county) (State): KANSAS CITY MISSOURI

**DATE REC'D BY LOCAL REG.**: 7-15-50
**REGISTRAR'S SIGNATURE**: Geraldine Holmes
**25. FUNERAL DIRECTOR'S SIGNATURE**: D.W. Newcomer's Sons — ADDRESS: 1331 BRUSH CREEK BLVD KANSAS CITY

(Licensed Embalmer's Statement on Reverse Side)

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

3-9

## 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 John E. Frakenig

Signed.....
Student Embalmer

Licensed Embalmer No. 4483

P. O. Address Kansas City, 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.