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

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

34150

State File No. ....

DECEASED OCT 16 1951

BIRTH NO. ....		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>5299</u>		Registrar's No. <u>114</u>			
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> . b. COUNTY <u>Johnson</u> .					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural; Hazel Hill</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural; Hazel Hill township</u> .					
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>R. # 4 Warrensburg</u>				d. STREET ADDRESS (If rural, give location) <u>R. R. # 4 Warrensburg</u> <span style="float: right;"><u>0510</u></span>					
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Kenneth</u>	b. (Middle) <u>Van Renssler</u>	c. (Last) <u>Brown</u> .	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 5, 1951.</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>26 Sept. 1898</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 6 MRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School teaching</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Public &amp; High.</u>		11. BIRTHPLACE (State or foreign country) <u>Johnson Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>James Brown.</u>			13b. MOTHER'S MAIDEN NAME <u>Nora Russell.</u>		14. NAME OF HUSBAND OR WIFE <u>Evelyn Brown.</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		(If yes, give war or dates of service) <u>World War I</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Evelyn Brown, Warrensburg, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>				<u>1 hr</u>	
				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.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				<u>4201</u>		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) (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 <u>10-2, 1951</u> , to <u>10-5, 1951</u> , that I last saw the deceased alive on <u>10-5, 1951</u> , and that death occurred at <u>10:15 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>R. Lee Cooper M.D.</u> (Degree or title)				23b. ADDRESS <u>Warrensburg, Mo.</u>		23c. DATE SIGNED <u>10-6-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>8, Oct. 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Warrensburg. MO.</u>			
DATE REC'D BY LOCAL REG. <u>Oct. 9, 1951</u>		REGISTRAR'S SIGNATURE <u>Savannah P. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sweeney Phillips.</u>		ADDRESS <u>Warrensburg. MO.</u>			

RECEIVED  
OCT 15 1951

JOHNSON COUNTY HEALTH DEPT

OCT 17 1951

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.....

*P. Q. Phillips*

Signed.....

Student Embalmer

Licensed Embalmer No. *2320*

P. O. Address *Warrensburg, 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.