

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37182**
4994

FILED DEC 1 1951

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

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 **Kansas City**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**

d. FULL NAME OF HOSPITAL OR INSTITUTION **General Hospital #2**

d. STREET ADDRESS (If rural, give location) **1512 Harrison**

3. NAME OF DECEASED (Type or Print)
a. (First) **Tempy** b. (Middle) _____ c. (Last) **Brown**

4. DATE OF DEATH (Month) (Day) (Year) **11 1 51**

5. SEX **Female** 3

6. COLOR OR RACE **Negro**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 2

8. DATE OF BIRTH **---** 9. AGE (In years last birthday) **App. 69**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **none**

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) **unknown** 9

12. CITIZEN OF WHAT COUNTRY? **America**

13a. FATHER'S NAME **unknown**

13b. MOTHER'S MAIDEN NAME **unknown**

14. NAME OF HUSBAND OR WIFE **unknown**

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. **unknown**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Hospital Records K. C. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Hypertensive Heart Disease**
Pulmonary Edema
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 **Aortic Anemysm, Malnutrition**
Conditions contributing to the death but not related to the disease or condition causing death. **Uterine Malignancy**
Ovarian Malignancy Veginitis Senile

INTERVAL BETWEEN ONSET AND DEATH
443 XH

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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) (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 **10-16-51**, 19____, to **11-1-51**, 19____, that I last saw the deceased alive on **10-31-51**, 19____, and that death occurred at **4:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Frank Ellis MD**

23b. ADDRESS **600 East 22nd Street**

23c. DATE SIGNED **11-13-51**

24a. BURIAL, CREMATION, OR REMOVAL (Specify) **Burial**

24b. DATE **11-21-51**

24c. NAME OF CEMETERY OR CREMATORY **Graves**

24d. LOCATION (City, town, or county) (State) **KC Jackson MO**

DATE REC'D BY LOCAL REG. **11-22-51** REGISTRAR'S SIGNATURE **Seraldine Holmes**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Wm. A. Holmes KC MO**

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

JUN 4 1957

Not embalmed

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

Not Embalmed

working under my personal supervision.

Student Embalmer No.....

Signed.....

Wm. A. Schmyer

Signed.....

Student Embalmer

Licensed Embalmer No: *3089*

P. O. Address *15C 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.