

FILED JAN 5 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41509**  
**5445**

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

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>	
c. LENGTH OF STAY (in this place) <b>29 YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>7335 OLIVE STREET</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RESEARCH HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>CLYDE</b>	b. (Middle) <b>LEROY</b>	c. (Last) <b>BROWN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 15 1951</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAR. 25 1895</b>	9. AGE (in years last birthday) <b>56</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10. USUAL OCCUPATION (Give kind of work and hours of working life, even if retired) <b>USED CAR DEALER</b>	11. BIRTHPLACE (State or foreign country) <b>NOWATA OKLAHOMA</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>GEORGE BROWN</b>	13b. MOTHER'S MAIDEN NAME <b>MARTHA MATIDA</b>	14. NAME OF HUSBAND OR WIFE <b>MRS. CECIL A. BROWN</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>486-03-4099</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. CECIL A. BROWN</b>	ADDRESS <b>2335 OLIVE ST. KANSAS CITY, MO.</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Thrombosis Left Coronary artery</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b> <b>8 yrs</b> <b>4201</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary artery sclerosis</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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec 14, 1951, to Dec 15, 1951, that I last saw the deceased alive on Dec 15, 1951, and that death occurred at 2:40 PM, from the causes and on the date stated above.

23a. SIGNATURE <b>Martin J. Mueller</b> (Degree or title) <b>D. M.D.</b>	23b. ADDRESS <b>934 Angler Bldg K.C.Mo</b>	23c. DATE SIGNED <b>12-17-51</b>
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24a. BURIAL, CREMATION, REMOVAL <b>REMOVAL</b>	24b. DATE <b>Dec. 18, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>FOREST LAWN CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>COFFEYVILLE KANSAS</b>
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DATE REC'D BY LOCAL REG. <b>12-18-51</b>	REGISTRAR'S SIGNATURE <b>Sheldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>A.H. Newsome's Sons</b>	ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

934 Anyte 1929.

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 *Robert E. Heron* .....

Licensed Embalmer No. *4849* .....

P. O. Address *K. E. 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.