S. No. 300
v. 10-48

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FILED APR 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13225

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 173

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independencd
c. LENGTH OF STAY (In this place): 30 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 517 West Maple.

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): Independence 0485
d. STREET ADDRESS (If rural, give location): 517 West Maple.

3. NAME OF DECEASED (Type or Print)
a. (First): Elizabeth b. (Middle): Frances c. (Last): Brown

4. DATE OF DEATH (Month) (Day) (Year): April 20, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 2, 1889
9. AGE (In years last birthday): 62 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Ray Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Wm.P. Tarwater.
13b. MOTHER'S MAIDEN NAME: Effie Ann Rowland
14. NAME OF HUSBAND OR WIFE: R.D.Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: R.D.Brown Indep. 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) Cerebral hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterial hypertension
DUE TO (c) General arterio-sclerosis

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

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331X
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* Oct 31st, 1951, *to* Apr. 20, 1952, *that I last saw the deceased alive on* Apr 19, 1952, *and that death occurred at* 6:05 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr Ruth Vandrews, D.O.
23b. ADDRESS: Independence Mo.
23c. DATE SIGNED: 4/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 22, 1952
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cem
24d. LOCATION (City, town, or county) (State): Indep Mo.

DATE REC'D BY LOCAL REG.: 4-22-52
REGISTRAR'S SIGNATURE: James [illegible] 354
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Dixon L. Kirby Indep. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Dixon L. Kepley

Signed .....
Student Embalmer

Licensed Embalmer No. 4225

P. O. Address Indy. Ind

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.