

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19426**

FILED JUN 23 1952

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **633**

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (In this place) 10 yrs.		d. STREET ADDRESS (If rural, give location) 914 No. 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) LEONCE b. (Middle) WILBERT c. (Last) BROWN			4. DATE OF DEATH (Month) (Day) (Year) June 14 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 22 1883	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) South Carolina	
12. CITIZEN OF WHAT COUNTRY? U S A					

13a. FATHER'S NAME George T. Brown		13b. MOTHER'S MAIDEN NAME Emma Mayer		14. NAME OF HUSBAND OR WIFE Virginia 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. 435-28-4914		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Virginia Brown St. Joseph Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure ANTECEDENT CAUSES Arteriosclerotic Heart Disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 10 years DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH Chronic
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 **12-11**, 1950, to **6-14**, 1952, that I last saw the deceased alive on **6-11**, 1952, and that death occurred at **12:25 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carl G. Burtel MD, O		23b. ADDRESS Tootle Building St. Joseph, Missouri		23c. DATE SIGNED 6-18-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 18 1952		24c. NAME OF CEMETERY OR CREMATORY Cordiner Cemetery	
24d. LOCATION (City, town, or county) (State) Wathena Kansas		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Joseph Mo			
DATE REC'D BY LOCAL REG. June 19, 1952		REGISTRAR'S SIGNATURE Carl G. Burtel 190		ADDRESS	

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 Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St. Joseph 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.