

STANDARD CERTIFICATE OF DEATH

23663

State File No. ....

JUL 28 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 775

1. PLACE OF DEATH  
a. COUNTY Buchanan  
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Joseph  
c. LENGTH OF STAY (In this place) 6 months  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 214 Texas Ave. Silvey Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Buchanan  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural: Marshall Twp. 0110  
d. STREET ADDRESS (If rural, give location) 2 1/2 miles south of Wallace, Mo.

3. NAME OF DECEASED a. (First) Sallie b. (Middle) Tilden c. (Last) Brown 4. DATE OF DEATH (Month) (Day) (Year) July-18, 1952

5. SEX female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2 8. DATE OF BIRTH September 9, 1876 9. AGE (In years last birthday) 75 10 UNDER 1 YEAR Months Days 11 UNDER 14 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 10b. KIND OF BUSINESS OR INDUSTRY own home 11. BIRTHPLACE (State or foreign country) DeKalb, Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME H. B. C. Harris 13b. MOTHER'S MAIDEN NAME Betty Owens 14. NAME OF HUSBAND OR WIFE Henry N. 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. ----- 17. INFORMANT'S SIGNATURE OR NAME Miles Brown, Room #2 18. ADDRESS Dearborn, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral Apoplexy  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES Arteriosclerosis  
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 None 19b. MAJOR FINDINGS OF OPERATION ## 20. AUTOPSY? YES  NO  334X

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None 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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1st, 1952, to July 18th, 1952, that I last saw the deceased alive on July 17th, 1952, and that death occurred at 12:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE B. W. Tadlock (Degree or title) M, D. 23b. ADDRESS King hill Bldg City 23c. DATE SIGNED 7/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 7/20/1952 24c. NAME OF CEMETERY OR CREMATORY Judah Cemetery 24d. LOCATION (City, town, or county) (State) Platte County Missouri

DATE REC'D BY LOCAL REG. July 24, 1952 REGISTRAR'S SIGNATURE Carl C. Cash 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Skaton-Bowman Funeral Home St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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**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 *William Spalding* .....

Licensed Embalmer No. *4535* .....

P. O. Address *3195 N. 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.